

# Kansas Register

Bill Graves, Secretary of State

Vol. 12, No. 37 September 16, 1993 Pages 1385-1438

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### Legislature

#### Interim Committee Schedule

The following committee meetings have been scheduled during the period of September 20 through October 3:			
Date	Room Time	Committee	Agenda
		Statutory Committees	And the plant of the Andrew Andrews
September 20 September 21	123-S 10:00 a.m. 123-S 9:00 a.m.	Task Force on the Funding of Community Colleges and the Kansas Postsecondary Vocational and Technical Training System	20th: Community college TAVTS funding; AVTS capital outlay; and mergers between community colleges and AVTS. 21st: Task force discussion.
September 20 September 21	Wichita 10:00 a.m. Wichita 9:00 a.m.	Joint Committee on Arts and Cultural Resources	Meeting in Wichita. Agenda not available.
September 20 September 21	Expocentre 9:00 a.m. 519-S 2:00 p.m. 519-S 9:00 a.m.	Joint Committee on Economic Development	20th a.m.: Attendance at statewide EPSCoR conference—science and technology issues. 20th p.m.: Overview of workforce training issues, Kansas, Inc. 21st: Various presentations on coordination of workforce training services.
September 22 September 23	123-S 10:00 a.m. 123-S 9:00 a.m.	Legislative Educational Planning Committee	22nd: Report on prepaid tuition; joint meeting with members of Board of Regents, Board of Education and Washburn Board of Regents; and other matters.  23rd: Teacher preparation programs.

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**Register Office:** 235-N, State Capitol (913) 296-3489

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September 23 September 24	FHSU 123-S	10:00 a.m. 9:00 a.m.	Joint Committee on Health Care Decisions for the 1990's	23rd: Joint Committee— agenda not available. 24th: Blue Highways—Health Care without Bankruptcy— Listening tours in various locations in Hays vicinity.
September 27 September 28	On-site School District Visits	9:00 a.m. 9:00 a.m.	Kansas Committee on School District Finance and Quality Performance	27th: Newton (USD 373), Centre (USD 397), and Burlington (USD 244). 28th: Blue Valley (USD 229) and Spring Hill (USD 230).
September 27 September 28	531-N 531-N	10:00 a.m. 9:00 a.m.	Joint Committee on Computers and Telecommunications	Agenda not available.
		Int	terim Study Committees	
September 23 September 24	313-S 313-S	9:00 a.m. 9:00 a.m.	House Judiciary Committee	Hearings on the Uniform Anatomical Gift Act: elective share of surviving spouses.
September 24	123-S	8:00 a.m.	Senate Ways and Means Comittee	Agenda not available.
September 27 September 28	526-S 526-S	10:00 a.m. 9:00 a.m.	House Economic Development Committee	27th: Presentations on commercializing and marketing technology products and processes. 28th: Science, entrepreneurship and the
September 29	123-S	8:00 a.m.	Senate Ways and Means	school curriculum.  Agenda not available.
September 30	123-S	8:00 a.m.	Committee	
September 29 September 30	313-S 313-S	8:00 a.m. 8:00 a.m.	House Appropriations Committee	Agenda not available.
September 29	313-S	10:00 a.m.	Joint House Appropriations and Senate Ways and Means Committee Meeting	Agenda not available.
September 30 October 1	519-S 519-S	9:00 a.m. 9:00 a.m.	Senate Committee on Assessment and Taxation	30th: Property appraisal, tax lid and levy limits.  1st: Tax policy and economic development.
September 30	Stormont-Vail Hospital	10:00 a.m.	Joint House and Senate Public Health and Welfare Committees	30th: Conference on health care reform with representatives of the Alpha Center and Columbia University.
October 1	526-S	9:00 a.m.	House Committee on Public Health and Welfare	1st: Agenda not available.
		B1	ue Highway Committees	
September 23 September 24	Hays Hays	8:00 a.m. 8:00 a.m.	Health Care Without Bankruptcy	Listening tours.
				Emil Lutz Director of Legislative Administrative Services

# Kansas Advocacy and Protective Services, Inc.

#### Notice of Meeting

The Kansas Advocacy and Protective Services will conduct its governing board meeting at 7 p.m. Monday, September 20, at the Topeka West Holidome, 605 Fairlawn Road, Topeka. Opportunity will be provided for oral or written public comment on the priorities established by and activities of the protection and advocacy system. For more information, call (913) 776-1541.

Joan Strickler Executive Director

Doc. No. 013904

State of Kansas

### City of El Dorado

#### Notice to Architects

The city of El Dorado is seeking qualified architect consultants for the following transportation enhancement-historic project:

Project No. 8 TE-0006-01 City of El Dorado Butler County

A signed letter of interest must be mailed to Stan Stewart, City Manager, P.O. Box 792, El Dorado 67042. Responses must be received by 5 p.m. September 24 if the architect consultant wishes to be considered.

This project requires the architectural services for the renovation and restoration of a historic building following the U.S. Secretary of the Interior's Standards for Rehabilitation. The rehabilitation is on the Missouri Pacific Railroad Depot, which is listed on the Kansas Register of Historic Places. The project consists of interior and exterior restoration, plumbing, HVAC and electrical, insulation, etc.

Architect consultants that express an interest will receive a qualification questionnaire. Based on the completion and submittal of this questionnaire, the city of El Dorado will select the most highly qualified (not

less than three, nor more than five).

A complete package of information on this project and activities will be furnished to those selected. Firms

not selected will be notified by letter.

Those firms selected may be invited to a pre-proposal conference where a negotiating committee will conduct discussions. The negotiating committee will select one firm with which to negotiate a contract. The following are some of the criteria that will be used as a basis for selection of the architect consultant:

Professional qualifications and staff.
 Experience on historical buildings.

3. Location of firm with respect to proposed project.

4. Present work load of firm.

5. List of historical-type projects.

After the contract has been awarded, the remaining firms will be notified by letter.

City of El Dorado, Kansas

Doc. No. 013906

State of Kansas

### University of Kansas

#### Notice to Bidders

Sealed bids for the items listed below will be received by the University of Kansas Purchasing Office, Lawrence, until 2 p.m. local time on the date indicated and then will be publicly opened. Interested bidders may call (913) 864-3416 or FAX (913) 864-3454 for additional information.

Monday, September 27, 1993

RFQ 94 0253

Ultra-fast Ti:Sapphire laser system

RFQ 94 0254

Detection system for frequency domain fluoroscence spectroscopy

RFQ 94 0255

Second and third harmonic generator

Gene Puckett, C.P.M. Director of Purchasing

Doc. No. 013920

#### State of Kansas

# Kansas Planning Council on Developmental Disabilities Services

#### Request for Proposals

The Kansas Planning Council on Developmental Disabilities Services (KPCDD) announces the reopening of competition in the quality of adult life area on self-advocacy. Pending legislative action, developmental disabilities funds totaling \$500,000 will be distributed according to state plan activities. The approximate funds for the self-advocacy competition are \$30,000 for one proposal. The purpose of this proposal is to promote the involvement and empowerment of people with disabilities in planning and advocacy activities.

Applicants must demonstrate first-hand working relationships with the self-advocates coalition and present a project which maximizes the independence, productivity, and integration of self-advocates. Applicants must also demonstrate the ability to coordinate and collaborate with existing self-advocacy organizations in Kansas.

An application will receive funding based on feasibility and potential for continuation by the grantee at

the end of the project grant award.

To receive an application containing forms, instructions and information, contact the Kansas Planning Council on Developmental Disabilities Services, Room 141, Docking State Office Building, 915 S.W. Harrison, Topeka 66612-1570. Completed applications will be accepted at the KPCDD office until 5 p.m. Monday, September 27. No handwritten or faxed documents will be accepted. Final decisions for grant project awards will be made by the KPCDD.

Jane Rhys Executive Director

### Office of the State Treasurer

### Notice of Investment Rates

The following rates are published in accordance with K.S.A. 75-4210 as amended per 1992 Session Laws of Kansas, Chapter 146. These rates and their uses are defined in K.S.A. 75-4201(l), 12-1675(b)(c)(d) and K.S.A. 75-4209(a)(1)(B), as amended by the 1992 Legislature.

#### Effective 9-20-93 through 9-26-93

Term		Rate
0-90 days		2.98%
3 months		3.00%
6 months		3.13%
12 months		3.34%
24 months		3.78%
36 months	•	4.08%
48 months		4.39%
		Sally Thompson State Treasurer

Doc. No. 013908

State of Kansas

# Department of Administration Division of Purchases

### Notice to Bidders

Sealed bids for items hereinafter listed will be received by the Director of Purchases, Landon State Office Building, 900 S.W. Jackson, Room 102, Topeka, until 2 p.m. C.D.T. on the date indicated, and then will be publicly opened. Interested bidders may call (913) 296-2377 for additional information:

### Monday, September 27, 1993

29926

Statewide—Multiplexers

97245

Adjutant General's Department—Construct radar operational maintenance facility, Great Bend

97256

Adjutant General's Department—Skid steer loader, Fort Riley

97266

Hutchinson Correctional Facility and Ellsworth Correctional Facility—Work shoes

97271

Department of Health and Environment—IBM AS/400 upgrade AS/400 model B45 to model F45

### Tuesday, September 28, 1993 29826 (Rebid)

Department of Transportation—Grader and snow plow blades, statewide

29924

Wichita State University—Floor care products 29925

Statewide—Token ring and ethernet equipment 29929

University of Kansas Medical Center—November (1993) meat products

29930

University of Kansas—November (1993) meat products

29931

Statewide—Frozen eggs

Wednesday, September 29, 1993

97223

Norton Correctional Facility—Stainless steel tables 97224

Wichita State University—Floor tile

97725

University of Kansas Medical Center—Blood salvage and cell washer

97234

University of Kansas Medical Center—Patient monitors

Thursday, September 30, 1993

A-7280

Pittsburg State University—Weede Hall improvements

29879

Statewide—November (1993) meat products

29923

Department of Corrections—Automation of inmate canteen operations

97239

Department of Wildlife and Parks-Motor grader, Reading

97240

Emporia State University and Department of Wildlife and Parks—Utility vehicles, Emporia and Junction City

97246

Lansing Correctional Facility—Building materials 97247

Department of Transportation—Aggregate, various locations

Friday, October 1, 1993

29934

University of Kansas—Printing "Who's Sinations"

97254

University of Kansas Medical Center— Radiographic imaging system

97255

Winfield State Hospital—Buses

97257

University of Kansas—High performance liquid chromatography system

Jack R. Shipman Director of Purchases

### Department of Transportation

#### Notice to Consulting Engineers

The Kansas Department of Transportation is seeking qualified consultant engineering firms for the following two projects. Responses must be received by September 23 for one or both projects for which the consultant engineering firm wishes to be considered. Seven signed copies of responses must be mailed to Al Cathcart, P.E., Project Control Engineer, Office of Engineering Support, KDOT, 7th Floor, Docking State Office Building, 915 S.W. Harrison, Topeka 66612.

Project Package No. 1 will have surveys completed by others and will be provided to the consultant engineering firm. Items such as seeding and erosion control, right-of-way procurement activities, geology, permit development, traffic data, and utility and railroad agreement efforts may all require consultant firm involvement.

It has been established that all pavement marking, lighting, traffic signals, traffic control and permanent signing plans necessary will be designed by the consultant engineering firm. Information on other activities that will be performed by either KDOT or the consultant will be established and furnished to the consultant engineering firms who are short listed by the KDOT Selection Committee prior to interview by the KDOT Negotiating Committee. Package No. 1 is part of the Southeast Kansas Corridor and will be managed by KDOT's Corridor Consultant, Howard, Needles, Tammen and Bergendoff.

Project Package No. 2 involves intersection improvement to U.S. 169 and 175th Street and U.S. 169 and 199th Street in Johnson County. Consultant engineering firms will be responsible for engineering surveys and all design activities necessary to produce construction plans. Plans are scheduled to be complete by March 15, 1994, to allow construction to be completed in the 1994 construction season.

Package No. 1 will require highway design-major facility and multi-span bridges design. Package No. 2 will require highway design-major facility and traffic control system analysis, design and implementation.

#### Package No. 1

### U.S. 160-50 K-5345-01 Parsons Bypass

Beginning approximately 3 miles west of the west city limits of Parsons and 1/4 mile north of existing U.S. 160, north and east to cross U.S. 59 approximately 1/4 mile north of the north city limits of Parsons and then curve south and east to the east terminus at existing U.S. 160, approximately 21/2 miles east of the east city limits of Parsons.

The scope of the work is to prepare roadway construction plans for providing right-of-way, based on a four-lane divided roadway with a possible interchange at U.S. 59 and for initial construction of two lanes. The project will be developed through the office check

stage and right-of-way acquisition.

### Package No. 2

### U.S. 169-46 K-5343-01 Johnson County

The intersections of U.S. 169 and 175th Street and U.S. 169 and 199th Street.

### Scope of Improvement at U.S. 169 and 175th Street:

- Construct left turn lanes on 175th Street and possible modification of the median and turn lanes on U.S. 169.
  - Installation of a fully actuated traffic signal system.
- Installation of symbolic signal ahead signs with amber beacons on U.S. 169.
- Installation of "Be Prepared To Stop" signs with amber beacons on U.S. 169.
- Removal of existing traffic signals on 175th Street and installation of symbolic signal ahead signs on 175th Street.

### Scope of Improvement at U.S. 169 and 199th Street

- Construct left turn lanes on 199th Street, possible modification of the median and turn lanes on U.S. 169 and construction of a southbound right turn lane from U.S. 169 to 199th Street.
  - Installation of a fully actuated traffic signal system.
- Installation of symbolic signal ahead signs with amber beacons on U.S. 169.
- Installation of "Be Prepared to Stop" signs with amber beacons on U.S. 169.
- Removal of existing traffic signs on 199th Street and installation of symbolic signal ahead signs on 199th Street.

From firms expressing interest, the Consultant Selection Committee will select a list of what it determines to be the most highly qualified (not less than three, nor more than five) and invite them to attend a pre-proposal conference. Firms not selected will be notified by letter.

The Negotiating Committee, appointed by the Secretary of Transportation, will conduct discussions with firms invited to the pre-proposal conference and select one firm with which to negotiate a contract. After a contract has been awarded, the remaining firms not selected will be notifed by letter.

It is the policy of KDOT to use the following criteria as the basis for selection of consultant engineering

- 1. Size and professional qualifications.
- 2. Experience of staff.
- 3. Location of firm with respect to proposed project.
- 4. Work load of firm.
- 5. Firm's performance record.

Michael L. Johnston Secretary of Transportation

#### **Real Estate Commission**

# Notice of Hearing on Proposed Administrative Regulations

A public hearing will be conducted at 9 a.m. Tuesday, October 19, in the conference room in the office of the Kansas Real Estate Commission, Three Townsite Plaza, Suite 200, 120 S.E. 6th, Topeka, to consider the adoption of amendments to regulations 86-1-5, 86-1-11, 86-3-7 and 86-3-22.

This 30-day notice of public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed rules and regulations. All interested parties may submit written comments prior to the hearing to the Kansas Real Estate Commission, Three Townsite Plaza, Suite 200, 120 S.E. 6th, Topeka 66603-3511. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulations during the hearing. In order to give all parties an opportunity to present their views, it may be necessary to request each participant to limit any oral presentation to five minutes.

These regulations are proposed for adoption on a permanent basis. A summary of the proposed regu-

lations and their economic impact follows.

K.A.R. 86-1-5 is amended to increase the fee for approval of a course of instruction submitted by a course provider from \$50 to \$75 and to delete fees for approval of instructors. The regulation also provides for a \$10 fee for review of a course of instruction submitted by a licensee. It is anticipated that, for most providers, the \$25 increase in course fees will be offset by the elimination of fees for instructors. There are no other anticipated costs to either state agencies or real estate licensees as a result of the amendments.

K.A.R. 86-1-11 is amended to provide that the 12-hour continuing education requirement of licensees to renew their licenses after January 1, 1996, consist of at least three hours designated as mandatory core hours by the commission. There are no anticipated costs to either state agencies or real estate licensees as a result of the amendment.

K.A.R. 86-3-7 is amended to provide that if property owned by a licensee is listed with a real estate broker, the ownership disclosure does not have to be in advertising. There are no anticipated costs to either state agencies or real estate licensees as a result of the amendment.

K.A.R. 86-3-22 is amended to provide a method of numbering transactions when earnest money is deposited prior to contract acceptance. There are no anticipated costs to either state agencies or real estate licensees as a result of the amendment.

Copies of the regulations and their economic impact statements may be obtained from the Kansas Real Estate Commission at the address above, (913) 296-3411.

> Jean Duncan Administrative Officer

Doc. No. 013909

State of Kansas

### **Board of Emergency Medical Services**

#### Notice of Meeting

The Board of Emergency Medical Services will meet at 9 a.m. Friday, October 1, in Room 11, State Defense Building, 2800 S. Topeka Blvd., Topeka. Agenda items include committee reports, FY 1995 examination options, a report on new board policies and a review of criteria for evaluation of the administrator.

All meetings of the board are open to the public. For more information, contact the administrator at 109

S.W. 6th, Topeka, (913) 296-7296.

Bob McDaneld Administrator

Doc. No. 013919

#### State of Kansas

# Department of Health and Environment

#### Notice Concerning Kansas Water Pollution Control Permits

In accordance with state regulations 28-16-57 through 63, 28-18-1 through 4, and the authority vested with the state by the administrator of the U.S. Environmental Protection Agency, tentative permits have been prepared for discharges to the waters of the United States and the state of Kansas for the applicants described below. The tentative determinations for permit content are based on preliminary staff review, applying the appropriate standards, regulations, and effluent limitations of the state of Kansas and the EPA, and when issued will result in a state water pollution control permit and national pollutant discharge elimination system authorization to discharge subject to certain effluent limitations and special conditions.

#### Public Notice No. KS-AG-93-97/101

Name and Address of Applicant David Pfizenmaier Route 5

Clay Center, KS 67432

Legal Description SE/4, Sec. 30, T7S,

Receiving Water Lower

R2E, Clay County

Republican River Basin

Kansas Permit No. A-LRCY-S038

The existing facility has the capacity for approximately 550 swine. Wastewater Control Facilities: Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity is provided in excess of minimum requirements.

Compliance Schedule: A livestock waste management plan for the facility shall be developed. The plan shall cover, but not be limited to, the following items: handling and disposal equipment for both solid and liquid wastes, land application practices used to protect against runoff and leaching, waste application rates based on crop nutrient uitlization, and identification of adequate land areas for application of all wastes. Detailed guidance and requirements will be provided by the department. A plan shall be submitted to the department within six months following receipt of detailed requirements. The approved plan will become part of this permit.

130337 - 200 Name and Address Receiving Legal of Applicant Description Water Reinert Feed Yard SW/4, Sec. 31, Upper Arkansas lim Reinert T27S, R26W, River Basin 304 Crawford Ford County Ensign, KS 67841

Kansas Permit No. A-UAFO-C015 Federal Permit No. KS-0090140

The feedlot has capacity for approximately 1200 cattle and a contributing drainage area of approximately 9 acres. This is a new facility.

Runoff Control Facilities: Feedlot runoff is impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity is provided in excess of 3.8 acre-feet.

Compliance Schedule: A livestock waste management plan for the facility shall be developed. The plan shall cover, but not be limited to, the following items: handling and disposal equipment for both solid and liquid wastes, land application practices used to protect against runoff and leaching, waste application rates based on crop nutrient utilization, and identification of adequate land areas for application of all wastes. Detailed guidance and requirements will be provided by the department. A plan shall be submitted to the department within six months following receipt of detailed requirements. The approved plan will become part of this permit.

Name and Address of Applicant

Kan Sun Beef, Inc.

Route 1

Leoti, KS 67681

Legal

Description

S/2, Sec. 33, T16S,
R38W, Wichita

County

Receiving

Water

Smoky Hill River

Basin

Kansas Permit No. A-SHWH-C004 Federal Permit No. KS-0015282

The feedlot has capacity for approximately 17,000 cattle and a contributing drainage area of approximately 128 acres. This is an existing facility.

Runoff Control Facilities: Feedlot runoff is impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity is provided in excess of 41 acre-feet.

Compliance Schedule: A livestock waste management plan for the facility shall be developed. The plan shall cover, but not be limited to, the following items: handling and disposal equipment for both solid and liquid wastes, land application practices used to protect against runoff and leaching, waste application rates based on crop nutrient utilization, and identification of adequate land areas for application of all wastes. Detailed guidance and requirements will be provided by the department. A plan shall be submitted to the department within six months following receipt of detailed requirements. The approved plan will become part of this permit.

Name and Address Legal Receiving
of Applicant Description Water

Mitch Gillespie SW/4, Sec. 14, Smoky Hill River
Route 2, Box 41 T11S, R29W, Basin
Grainfield, KS 67737 Gove County

Kansas Permit No. A-SHGO-S010

The proposed facility will have capacity for approximately 980 swine. Wastewater Control Facilities: Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity is provided in excess of minimum requirements.

Compliance Schedule: A livestock waste management plan for the facility shall be developed. The plan shall cover, but not be limited to, the following items: handling and disposal equipment for both solid and liquid wastes, land application practices used to protect against runoff and leaching, waste application rates based on crop nutrient uitlization, and identification of adequate land areas for application of all wastes. Detailed guidance and requirements will be provided by the department. A plan shall

be submitted to the department within six months following receipt of detailed requirements. The approved plan will become part of this permit.

Name and Address
of Applicant

Sunflower Hogs, Inc.
D. Parkinson
1014 Washington St.
Scott City, KS 67871

Legal
Description
Water
Upper Arkansas
River Basin
Scott County

Kansas Permit No. A-UASC-H004 Federal Permit No. KS0090131

The proposed facility will have capacity for approximately 4,960 swine.

Wastewater Control Facilities: Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity is provided in excess of minimum requirements.

Compliance Schedule: A livestock waste management plan for the facility shall be developed. The plan shall cover, but not be limited to, the following items: handling and disposal equipment for both solid and liquid wastes; land application practices used to protect against runoff and leaching, waste application rates based on crop nutrient uitlization, and identification of adequate land areas for application of all wastes. Detailed guidance and requirements will be provided by the department. A plan shall be submitted to the department within six months following receipt of detailed requirements. The approved plan will become part of this permit.

Written comments on the proposed determinations may be submitted to Bethel Spotts, Permit Clerk, or Dorothy Geisler (agricultural permits), Kansas Department of Health and Environment, Division of Environment, Bureau of Water, Forbes Field, Topeka 66620. All comments postmarked or received on or before October 15 will be considered in the formulation of final determinations regarding this public notice. Please refer to the appropriate public notice number (KS-AG-93-97/101) and the name of applicant as listed when preparing comments.

If no objections are received during the public notice period, the Secretary of Health and Environment will issue the final determinations. If response to this notice indicates significant public interest, a public hearing may be held in conformance with state regulation 28-16-61. Media coordination (newspapers, radio) for publication and/or announcement of the public notice or public hearing is handled by the Kansas Department of Health and Environment.

The application, proposed permit, including proposed effluent limitations and special conditions, fact sheets as appropriate, comments received, and other information are on file and may be inspected at the Kansas Department of Health and Environment offices, Building 740, Forbes Field, Topeka, from 8 a.m. to 4:30 p.m. Monday through Friday. The documents are available upon request at the copying cost assessed by KDHE. Additional copies of this public notice also may be obtained at the Division of Environment.

Robert C. Harder Secretary of Health and Environment

(Published in the Kansas Register, September 16, 1993.)

Summary Notice of Bond Sale City of Arkansas City, Kansas \$1,600,000

General Obligation Bonds, Series 1993

(General obligation bonds payable from unlimited ad valorem taxes)

#### Sealed Bids

Subject to the notice of bond sale dated September 7, 1993, sealed bids will be received by the clerk of Arkansas City, Kansas (the issuer), on behalf of the governing body at City Hall, 1st and Central, Arkansas City, Kansas, until 11 a.m. C.D.T. on September 30, 1993, for the purchase of \$1,600,000 principal amount of General Obligation Bonds, Series 1993. No bid of less than the entire par value of the bonds and accrued interest thereon to the date of delivery will be considered.

#### **Bond Details**

The bonds will consist of fully registered bonds in the denomination of \$5,000 or any integral multiple thereof. The bonds will be dated October 1, 1993, and will become due December 1 in the years as follows:

Year	. ]	Principal Amount
1994		\$105,000
1995		105,000
1996		105,000
1997	Strill Land	105,000
1998	1	105,000
1999		105,000
2000		105,000
2001		105,000
2002		105,000
2003		105,000
2004		110,000
2005		110,000
2006	ing a self or comme	110,000
2007		110,000
2008		110,000

The bonds will bear interest from the date thereof at rates to be determined when the bonds are sold as hereinafter provided, which interest will be payable semiannually on June 1 and December 1 in each year, beginning on June 1, 1994.

#### Paying Agent and Bond Registrar

Kansas State Treasurer, Topeka, Kansas.

#### Good Faith Deposit

Each bid shall be accompanied by a cashier's or certified check drawn on a bank located in the United States of America in the amount of \$32,000 (2 percent of the principal amount of the bonds).

#### Delivery

The issuer will pay for printing the bonds and will deliver the same properly prepared, executed and registered without cost to the successful bidder on or before October 14, 1993, at such bank or trust company in the state of Kansas or Kansas City, Missouri, as may be specified by the successful bidder.

#### Assessed Valuation and Indebtedness

The equalized assessed tangible valuation for computation of bonded debt limitations for the year 1993 is \$38,592,219. The total general obligation indebtedness of the issuer as of the date of the bonds, including the bonds being sold, is \$6,740,000.

#### Approval of Bonds

The bonds will be sold subject to the legal opinion of Gilmore & Bell, P.C., Wichita, KS, bond counsel, whose approving legal opinion as to the validity of the bonds will be furnished and paid for by the issuer, printed on the bonds and delivered to the successful bidder as and when the bonds are delivered.

#### Additional Information

Additional information regarding the bonds may be obtained from the clerk, (316) 442-1410; or from the financial advisor, George K. Baum & Co., One Main Place, Suite 810, Wichita, KS 67202, Attention: Charles M. Boully, (316) 264-9351.

Dated September 7, 1993.

City of Arkansas City, Kansas

Doc. No. 013915

(Published in the Kansas Register, September 16, 1993.)

Summary Notice of Bond Sale \$4,880,000 City of Garden City, Kansas General Obligation Bonds

(General obligation bonds payable from unlimited ad valorem taxes)

#### Details of the Sale

Subject to the terms and conditions of the complete official notice of bond sale dated September 16, 1993, of the city of Garden City, Kansas, in connection with the city's General Obligation Bonds, Series 1993 hereinafter described, sealed, written bids shall be received at the office of the finance director at the City Administration Center, 301 N. 8th, Garden City, Kansas, until 11 a.m. Central Time on Tuesday, September 28, 1993, for the purchase of the bonds. All bids shall be publicly opened, read aloud and tabulated on said date and at said time and shall thereafter be immediately considered and acted upon by the governing body of the city.

No oral or auction bids for the bonds shall be considered, and no bids for less than the entire amount of the bonds shall be considered.

Bids shall be accepted only on the official bid form which has been prepared for the public bidding on these bonds, and which may be obtained from the city's finance director or from the city's financial advisor. Bids may be submitted by mail or may be delivered in person and must be received at the place and no later than the date and time hereinbefore specified. Each bid shall be accompanied by a good faith deposit in the form of a certified or cashier's check drawn on a bank located within the United States and made payable to the order of the city, and shall be an

amount equal to 2 percent of the principal amount of the bonds.

#### Details of the Bonds

The bonds to be sold are in the aggregate principal amount of \$4,880,000 and shall bear a dated date of October 1, 1993. The bonds shall be issued as fully registered bonds in denominations of \$5,000 or any integral multiple thereof not exceeding the principal amount of bonds maturing in any year. The bonds shall bear interest, payable as hereinafter set forth, at the rates specified by the successful bidder for the bonds. Certain of the bonds are subject to redemption prior to their maturities as set forth in the official notice of bond sale.

Interest on the bonds shall be payable semiannually on May 1 and November 1 in each year, commencing May 1, 1994, and the bonds shall mature serially on November 1 in each of the years and principal amounts as follows:

Principal Amount	Maturity Date
\$290,000	1994
325,000	1995
340,000	1996
. <b>355,000</b> /	1997
380,000	1998
395,000	1999
415,000	2000
435,000	2001
455,000	2002
480,000	2003
495,000	2004
515,000	2005

#### Payment of Principal and Interest

The Kansas State Treasurer shall serve as the bond registrar and paying agent for the bonds, and the principal of the bonds shall be payable upon surrender at the paying agent's principal offices in the city of Topeka, Kansas. Interest shall be paid by the mailing of a check or draft of the paying agent to the registered owners of the bonds.

#### Security for the Bonds

The bonds and the interest thereon shall constitute general obligations of the city, and the full faith, credit and resources of the city shall be pledged to the payment thereof. The city is obligated to levy special assessment taxes in certain authorized amounts upon certain benefitted properties and ad valorem taxes without limitation as to rate or amount upon all of the taxable tangible property within the territorial limits of the city for the purpose of paying the bonds and the interest thereon.

#### Delivery of the Bonds

The bonds, duly printed, executed and registered, shall be furnished and delivered at the expense of the city to the successful bidder, or at its direction, on or before Thursday, October 28, 1993, at such bank or trust company or other qualified depository in the state of Kansas or Kansas City, Missouri, as may be spec-

ified by the successful bidder. Delivery elsewhere shall be made at the expense of the successful bidder.

#### Legal Opinion

The bonds will be sold subject to the legal opinion of Hinkle, Eberhart & Elkouri, L.L.C., Wichita, Kansas, bond counsel, whose fees will be paid by the city. Bond counsel's approving legal opinion as to the validity of the bonds will be printed on the bonds and will be delivered to the successful bidder upon delivery of the bonds. (Reference is made to the official notice of bond sale for a discussion of tax exemption and other legal matters.)

#### **Financial Matters**

The city's current assessed valuation is as follows:

Assessed valuation of taxable tangible property	\$72,500,282
Motor vehicle valuation	17,420,206
Equalized assessed tangible valuation for computation	

The city's outstanding general obligation bonded indebtedness at October 1, 1993, including the bonds described herein, will be in the principal amount of \$7,905,000. This amount does not include \$165,089 aggregate principal amount of outstanding temporary improvement notes which will be redeemed and paid from proceeds of the bonds described herein and other available funds.

#### Official Statement

The city has prepared a preliminary official statement relating to the bonds, copies of which may be obtained from the city or the city's financial advisor. The preliminary official statement is in a form "deemed final" by the city for the purpose of the Securities Exchange Commission's Rule 15c2-12(b)(1), but is subject to revision, amendment and completion in the final official statement. Upon the sale of the bonds, the city shall furnish the successful bidder with a reasonable number of copies of the final official statement, without additional cost, upon request. Copies of the final official statement in excess of a reasonable number may be ordered at the successful bidder's expense.

#### Additional Information

For additional information regarding the city, the bonds and the public sale, interested parties are invited to request copies of the complete official notice of bond sale and official bid form and the city's preliminary official statement for the bonds, all of which may be obtained from the city's finance director at the address and telephone number below or from the city's financial advisor, Charles M. Boully, Senior Vice President, George K. Baum & Company, 100 N. Main, Suite 810, Wichita, KS 67202, (316) 264-9351.

Melinda Hitz, Finance Director City Administrative Center 301 N. 8th P.O. Box 499 Garden City, KS 67846 (316) 276-1234

Independent Living Advisory Council

Notice of Meeting

The Independent Living Advisory Council will meet from 1 to 3:30 p.m. Monday, September 20, in the Rehabilitation Center for the Blind conference room, 2516 W. 6th, Topeka.

> Glen Yancey Commissioner

Doc. No. 013903

State of Kansas

### **Employee Award Board**

Notice of Meeting

The Employee Award Board will meet at 1 p.m. Thursday, September 23, in the Division of Personnel Services, Room 951-S, Landon State Office Building, 900 S.W. Jackson, Topeka.

Ben Barrett Chairperson

Doc. No. 013910

(Published in the Kansas Register, September 16, 1993.)

Notice of Call for Redemption to the Registered Owners of City of Park City, Kansas General Obligation Bonds Series 1988, Dated November 1, 1988

Notice is hereby given that pursuant to the provisions of Section 301 of Ordinance No. 195-88 of Park City, Kansas (the issuer), the above mentioned bonds maturing November 1, 1994, and thereafter (the called bonds), have been called for redemption and payment on November 1, 1993 (the redemption date), at the principal office of the Kansas State Treasurer, Topeka, Kansas (the bond register and paying agent).

#### 1988 Bonds

Maturity Date	Principal Amount	Interest Rate	CUSIP No.
11/01/94	\$20,000	6.50%	700222 CT7
11/01/95	20,000	6.60%	700222 CU4
11/01/96	20,000	6.65%	700222 CV2
11/01/97	20,000	6.70%	700222 CW0
11/01/98	20,000	6.75%	700222 CX8

On the redemption date there shall become due and payable, upon the presentation and surrender of each such called bond, the redemption price thereof equal to 100 percent of the principal amount thereof together with interest accrued to the redemption date. Interest shall cease to accrue on the called bonds so called for redemption from and after the redemption date provided such funds for redemption are on deposit with the paying agent.

City of Park City, Kansas by Kansas State Treasurer, Topeka, Kansas, as Paying Agent

Doc. No. 013918

(Published in the Kansas Register, September 16, 1993.)

Notice of Call for Redemption to the holders of City of Marquette, Kansas Industrial Revenue Bonds Series 1975 (Riverview Estates, Inc.)

Notice is hereby given that pursuant to Section 3 of Ordinance No. 399 of the city of Marquette, Kansas, those of the above mentioned bonds maturing on November 1, 1995, described below, and all unmatured coupons appertaining thereto, have been called for redemption and payment on November 1, 1993, at the office of Emprise Bank N.A., Hutchinson, Kansas, formerly known as The Farmers State Bank of Lindsborg, Lindsborg, Kansas (the trustee and paying agent).

Bond	Maturity	Principal	Interest
Nos.	Date	Amount	Rate
52 to 136, incl	. 11-01-95	\$85,000	8.50%

On such redemption date there shall become due and payable, upon the presentation and surrender of each such bond and unmatured coupons, the redemption price thereof equal to 104 percent of the principal amount of each bond together with interest accrued to the redemption date. Interest shall cease to accrue on the bonds so called for redemption from and after November 1, 1993, subject to the condition that sufficient funds for redemption are then on deposit with the paying agent.

Under the provisions of the Interest and Dividend Tax Compliance Act of 1983, paying agents making payments of interest or principal on corporate securities or making payments of principal on municipal securities may be obligated to withhold a 20 percent tax from remittances to individuals who have failed to furnish the paying agent with a valid taxpayer identification number, Holders of the Series 1975 Bonds who wish to avoid the imposition of the tax should submit certified taxpayer identification numbers when presenting the bonds for payment.

City of Marquette, Kansas By: Emprise Bank N.A. Hutchinson, Kansas as Trustee and Paying Agent

Doc. No. 013907

State of Kansas

### State Corporation Commission

Notice of Motor Carrier Hearings

The following applications set for hearing are to be heard on the date indicated before the State Corporation Commission, 1500 S.W. Arrowhead Road, Topeka, at 9:30 a.m. unless otherwise noticed. Anyone needing special accommodations shall give notice to the commission 10 days prior to the scheduled hearing date.

This list does not include cases previously assigned hearing dates for which parties of record have received notice.

Questions concerning applications for hearing dates should be addressed to the State Corporation Commission, 1500 S.W. Arrowhead Road, Topeka 66604-4027, (913) 271-3196 or 271-3146.

Your attention is invited to Kansas Administrative Regulation 82-1-228, "Rules of Practice and Procedure Before the Commission."

# Applications set for October 5, 1993 Application for Certificate of Convenience and Necessity:

Craig A. Baker, dba ) Docket No. 187,723 M
Heartland Tow & Custom )
Hauling )
1210 N. 50th )
Kansas City, KS 66102 ) MC ID No. 148815
Applicant's Attorney: None

Wrecked, disabled, repossessed and replacement vehicles, Between all points and places in Johnson, Wyandotte and Leavenworth counties, Kansas, on the one hand, and all points and places in Kansas, on the other hand.

# Application for Certificate of Convenience and Necessity:

Roger D. Bales, dba
R.B.'s Mobile Home
Transport
South Coats St.
Sawyer, KS 67134
Applicant's Attorney: None

) Docket No. 187,720 M
) MC ID No. 148813

Manufactured homes and accessories,
Between all points and places in the state of Kansas.

# Application for Certificate of Convenience and Necessity:

Marvin R. Carter, dba
Carter's Enterprises
2238 N. Fountain
Wichita, KS 67220

) Docket No. 187,717 M
)
) MC ID No. 148812

Applicant's Attorney: None

Motor vehicles and equipment and component parts thereof, in truckaway and towaway service,

Between all points and places in the state of Kansas.

# Application for Certificate of Convenience and Necessity:

Christopher J. Cleveland, Docket No. 187,716 M dba Dz Ranch Sanch Surlington, CO 80807 MC ID No. 147335 Applicant's Attorney: Julieann Kimball Nespor, Mellon

Financial Center, Suite 1500, 1775 Sherman St., Denver, CO 80203

General commodities,

Between all points and places in the state of Kansas.

# Application for Certificate of Convenience and Necessity:

M. Davis, Inc. ) Docket No. 187,713 M Route 1, Box 50 ) Canton, KS 67438 ) MC ID No. 146871

Applicant's Attorney: Brad Murphree, 400 N. Wood-lawn, Suite 1, Wichita, KS 67208-4395

General commodities (except classes A and B explosives, household goods and liquid commodities in bulk), Between all points and places in the state of Kansas.

# Application for Extension of Certificate of Convenience and Necessity:

Rodney Foltz, dba ) Docket No. 186,415 M Rodney Foltz Trucking ) 2941 Butler Road ) Richmond, KS 66080 ) MC ID No. 148805

Applicant's Attorney: John Richeson, 216 S. Hickory, P.O. Box 7, Ottawa, KS 66067

General commodities (except household goods and classes A and B explosives),

Between all points and places in the state of Kansas.

# Application for Certificate of Convenience and Necessity:

Gray's Custom Combining, ) Docket No. 187,718 M Inc. ) 23840 W. 207th St. )

Spring Hill, KS 66083 ) MC ID No. 147172

Applicant's Attorney: L. Franklin Taylor, P.O. Box 550, 130 N. Cherry, Olathe, KS 66061-0550

General commodities and household goods (except classes A and B explosives and hazardous materials),

Between all points and places in the state of Kansas.

# Application for Certificate of Convenience and Necessity:

Faye Muth, dba ) Docket No. 187,721 M Midway Services ) Route 5, Box 179 ) Great Bend, KS 67530 ) MC ID No. 149392

Applicant's Attorney: William Barker, 3401 Harrison, Topeka, KS 66611

Grain, feed, feed ingredients, fertilizer, fertilizer ingredients, building materials, machinery, livestock and vehicles (restricted against the transportation of hazardous materials), Between all points and places in the state of Kansas.

Application for Extension of Certificate	of
Convenience and Necessity:	

Jim Mitten Trucking, Inc. ) Docket No. 30,838 M Route 1, Box 70AA ) Oakley, KS 67748 ) MC ID No. 100219

Applicant's Attorney: Clyde Christey, Southwest Plaza Building, Suite 124, 3601 W. 29th, Topeka, KS 66614

Livestock, hay, grain, dry feed, dry feed ingredients, dry fertilizer, seeds, salt, building and construction materials, fencing materials and machinery (restricted, however, to transport no hazardous materials),

Between all points and places in the state of Kansas.

# Application for Stock Transfer of Certificate of Convenience and Necessity:

Dinkel & Dinkel, Inc.,
Oakely, Kansas
to acquire the stock of
Jim Mitten Trucking, Inc.
Route 1, Box 70AA
Oakley, KS 67748
from Jim Mitten and
for Dinkel & Dinkel, Inc.
to redeem 80 shares of
capital stock from
Ralph Dinkel

) Docket No. 30,838 M
)
) Docket No. 30,838 M
)
)
)

Applicant's Attorney: Clyde Christey, Southwest Plaza Building, Suite 124, 3601 W. 29th, Topeka, KS 66614

# Application for Certificate of Convenience and Necessity:

Pawnee County Cooperative) Docket No. 187,722 M
Association
103 E. 3rd

Applicant's Attorney: Clyde Christey, Southwest Plaza Building, Suite 124, 3601 W. 29th, Topeka, KS 66614

) MC ID No. 148814

Hay, grain, feed, feed ingredients, seeds, dry fertilizer, salt, building and construction materials, fencing materials, machinery, gasoline and diesel fuel (restricted, however, to provide no transportation of hazardous commodities except ammonium nitrate, gasoline and diesel fuel),

Between all points and places in the state of Kansas.

# Application for Certificate of Convenience and Necessity:

Travis J. Schoenrock, dba ) Docket No. 187,714 M T & M Trucking ) Route 2, Box 31 ) Mankato, KS 66956 ) MC ID No. 149292

Applicant's Attorney: None

Larned, KS 67550

General commodities,

Between all points and places in the state of Kansas.

### Application for Certificate of Convenience and Necessity:

Terra Express, Inc. ) Docket No. 187,715 M
Terra Centre )
600 4th St. )
Sioux City, IA 51101 ) MC ID No. 140649

Applicant's Attorney: Clyde Christey, Southwest Plaza Building, Suite 124, 3601 W. 29th, Topeka, KS 66614

General commodities (except household goods, classes A and B explosives, commodities requiring temperature control and livestock),

Between all points and places in the state of Kansas.

# Application for Transfer of Certificate of Convenience and Necessity:

Monte Ysidro, dba
Happy Hooker Towing
3760½ S. Broadway
Wichita, KS 67216
TO:
Donald J. Navarre, dba
Happy Hooker Towing
and Transporatation
3760½ S. Broadway
Wichita, KS 67216

Applicant's Attorney: None

Wrecked, disabled, repossessed and replacement motor vehicles and trailers,

Between all points and places in Sedgwick County, Kansas.

Also,

Between all points and places in Sedgwick County, Kansas, on the one hand, and all points and places in the state of Kansas, on the other.

# Application for Certificate of Convenience and Necessity:

Zongker Trucking Inc. ) Docket No. 187,719 M 1606 S. Avery Road ) Plevna, KS 67568 ) MC ID No. 149393

Applicant's Attorney: Clyde Christey, Southwest Plaza Building, Suite 124, 3601 W. 29th, Topeka, KS 66614

Livestock, hay, grain, feed, feed ingredients, seeds, dry fertilizer, salt, building and construction materials, fencing materials and machinery (restricted, however, to transport no hazardous materials),

Between all points and places in the state of Kansas.

Don Carlile Administrator Transportation Division

### State Corporation Commission

#### Notice of Hearing

The State Corporation Commission has directed that a hearing be conducted (pursuant to K.S.A. 1992 Supp. 55-603, 55-604, 55-703 and K.S.A. 55-703(a)) to allow the following to show cause as to why their basic proration orders should not be dissolved:

- In the matter of the application of Aikman Bros. Corporation, for an order establishing a well-spacing pattern in the Lower Chester Sand Reservoir of the Larrabee Field, Stevens County, Kansas, and for the establishment of appropriate allowables for wells drilled therein affecting the Southeast Quarter (SE/ 4) of Section 2; the Southwest Quarter of Section 1; the East Half (E/2) of Section 11; all of Section 12; all of Section 13; the East Half (E/2) of Section 14; the Northeast Quarter (NE/4) of Section 23; and all of Section 24, all in Township 32 South, Range 35 West, Stevens County, Kansas, and the West Half (W/2) of Section 7; the West Half (W/2) of Section 18; and the Northwest Quarter (NW/4) of Section 19, all in Township 32 South, Range 34 West, Seward County, Kansas. Docket No. 83,260-C (C-14,057)
- In the matter of the application Saxton Petroleum Corporation for an order establishing a basic proration order for a pool to be designated the Kismet Mississippi Oil Pool, located in the NE/4 of Section 16, Township 33 South, Range 31 West, Seward County, Kansas, affecting the NE/4 of Section 16, Township 33 South, Range 31 West, Seward County, Kansas.

Docket No. 153,654-C (C-22,265)

- In the matter of the application of Northern Natural Gas Producing Company for an order establishing rules and regulations relating to the formation of drilling units, well spacing and location, and assignment of allowables, production, sale and conservation of oil in the Chester Formation in certain lands in Stevens County, Kansas, affecting all of Section 36, Township 32 South, Range 35 West; and the N/2 of Section 1, Township 33 South, Range 35 West, Stevens County, Kansas.

  Docket No. 138,821-C (C-20,404)
- In the matter of establishing a basic proration order for the Victory Toronto-Lansing "A" Oil Pool in Haskell and Seward counties, Kansas, affecting all of Sections 28, 29, 30, 31, 32 and 33 all in Township 30 South, Range 33 West; and Sections 25 and 36, Township 30 South, Range 34 West, Haskell County, Kansas; all of Sections 5 and 6, Township 31 South, Range 33 West; all of Sections 1 and 2, Township 31 South, Range 34 West; Seward County, Kansas. Docket No. 64,851-C (C-8363)
- In the matter of the application of Cities Service Oiland Gas Corporation for an order establishing a basic proration order for the Victory St. Louis Formation in the Southeast Quarter (SE/4) of Section 29, East

Half (E/2) of Section 32, and the West Half (W/2) of Section 33, Township 30 South, Range 33 West, Haskell County, Kansas, affecting the SE/4 of Section 29, the E/2 of Section 32, Township 30 South, Range 33 West, Haskell County, Kansas. Docket No. 142,564-C (C-20,658)

- In the matter of establishing a well spacing pattern in the Marmaton Oil Reservoir of the Willroads Field, Ford County, Kansas, and for the establishment of appropriate allowables for wells drilled therin affecting all of Section 26 and the N/2 of Section 35, Township 27 South, Range 24 West, Ford County, Kansas.

  Docket No. 71,219-C (C-10,156)
- In the matter of establishing a well spacing pattern in the Cherokee Oil Reservoir of the Little Coon Creek Field, Ford County, Kansas, and for the establishment of appropriate allowables for wells drilled therein affecting the S/2 of Section 28, S/2 of Section 27, all of Sections 33 and 34, in Township 25 South, Range 21 West; the NE/4 of Section 5, the N/2 of Section 4, and the NW/4 of Section 3, Township 26 South, Range 21 West, Ford County, Kansas. Docket No. 67,474-C (C-9054)
- In the matter of establishing a well spacing pattern in the Lansing-Kansas City Oil Reservoir of the Little Coon Creek Field, Ford County, Kansas, and for the establishment of appropriate allowables for wells drilled therein affecting the SW/4 of Section 27, S/2 of Section 28, and all of Section 33, and the W/2 of Section 34, Township 25 South, Range 21 West, Ford County, Kansas.

  Docket No. 79,092-C (C-12,670)
- In the matter of the application of Pickrell Drilling Company for an order establishing rules and regulations relating to the formation of drilling unit, well spacing, and location, production, sale and conservation of oil in the Lansing-Kansas City Formation and certain lands in Gove County, Kansas, affecting the E/2 of the SE/4 of Section 35, and the S/2 of Section 36, Township 13 South, Range 30 West; and the E/2 of the NE/4 of Section 2, and the N/2 of Section 1, Township 14 South, Range 30 West, Gove County, Kansas.

  Docket No. 100,485-C (C-17,270)
- In the matter of the application of Clyde M. Becker for an order establishing 40 acre spacing of a portion of Finney County, Kansas, in the Marmaton, Cherokee, Morrow and Mississippian Formations affecting the W/2 of Section 20; NW/4 of Section 29; N/2 of Section 30, and all of Section 19, Township 21 South, Range 33 West, Finney County, Kansas. Docket No. 146,155-C (C-20,995)
- In the matter of establishing rules and regulations relating to the production, sale and conservation of crude oil in the Morrow Reservoir of the Ivanhoe Field in Finney County, Kansas, affecting all of Sections 7, 8, 17 and 18, Township 26 South, Range 33 West, Finney County, Kansas.

  Docket No. 77,100-C (C-12,027)

- In the matter of establishing an 80-acre well spacing pattern in the Taloga Northeast Oil Field in Morton County, Kansas, and for the establishment of appropriate allowables for wells drilled therein affecting all of Section 19; W/2 of Section 20; NW/4 of Section 29, and the N/2 of Section 30, all in Township 34 South, Range 41 West, Morton County, Kansas.
  - Docket No. 61,916-C (C-7514)
- In the matter of the application of Colorado Oil and Gas Corporation for establishment of 80-acre spacing with respect to a new Upper Morrow Sand oil discovery located in the North Taloga Field area, Morton County, Kansas, affecting the SE/4 of Section 32, and the S/2 of Section 33, Township 33 South, Range 42 West; all of Section 4, NE/4 of Section 5, all of Section 9, and the W/2 of Section 10, Township 34 South, Range 42 West, Morton County, Kansas. Docket No. 98,651-C (C-17,015)
- In the matter of establishing rules and regulations relating to the production, sale and conservation of crude oil in the Upper Morrow Reservoir of the Cimarron Valley Southwest Morrow Field and the Santa Fe Trail Field in Morton County, Kansas, by combining said fields as one common source of supply iin the Morrow Sand Formation, affecting the W/2 of Section 5; all of Section 6; all of Section 7; the NW/4 of Section 8; and all of Section 18, Township 33 South, Range 40 West; the S/2 of Section 31 and the SW/4 of Section 32, Township 32 South, Range 40 West; the SE/4 of Section 36, Township 32 South, Range 41 West; the E/2 of Section 1, and the NE/4 of Section 12, Township 33 South, Range 41 West, Morton County, Kansas. Docket Nos. 103,895-C (C-17,735) and 78,611-C (C-12,572)
- In the matter of the application of Shell Oil Company for an order extending the presently defined limits of the Gooch Mississippi Oil Pool to cover and include the South Half (S/2) of Section 36, Township 34 South, Range 36 West, and the North Half (N/2) of Section 1, Township 35 South, Range 36 West, Stevens County, Kansas, affecting the S/2 of Section 36, Township 34 South, Range 36 West, and the N/2 of Section 1, Township 35 South, Range 36 West, Stevens County, Kansas, being 640 acres. Docket No. 72,689-C (C-10,659)
- In the matter of establishing rules and regulations relating to the production, sale and conservation of crude oil in the Morrow "G" Sand Pool, Taloga South Field, Morton County, Kansas, affecting all of Sections 10, 11, 12, 13, 14; N/2 of Section 15, and all of fractional Sections 23 and 24, Township 35 South, Range 42 West, Morton County, Kansas. Docket Nos. 69,746-C (C-9656) and 71,817-C (C-10,365)
- In the matter of establishing a basic proration order for the Victory Toronto-Lansing "A" Oil Pool in Haskell and Seward counties, Kansas, affecting all of Sections 28, 29, 30, 31, 32 and 33 all in Township

30 South, Range 33 West; and Sections 25 and 36, Township 30 South, Range 34 West, Haskell County, Kansas; all of Sections 5 and 6, Township 31 South, Range 33 West; all of Sections 1 and 2, Township 31 South, Range 34 West, Seward County, Kansas. Docket No. 64-851-C (C-8363)

The hearing will be at 9 a.m. Thursday, October 7, in the third floor hearing room, 300 Colorado Derby Building, 202 W. 1st, Wichita. Further information can be obtained by contacting William J. Wix, Assistant General Counsel, State Corporation Commission, Conservation Division, 202 W. 1st, Wichita 67202, (316) 263-3238.

Judith McConnell Executive Director

Doc. No. 013914

State of Kansas

### Department of Human Resources Division of Workers Compensation

Permanent Administrative Regulations

#### Article 9.—MEDICAL AND HOSPITAL

51-9-7. Fees for medical and hospital services. Charges for medical, surgical, hospital, dental, nursing services, medical equipment, medical supplies, prescriptions, medical records, and medical testimony rendered pursuant to the Kansas workers compensation act shall be the lesser of the usual and customary charge of the health care provider, hospital or other entity providing the health care services or the amount allowed by the Schedule of Medical Fees dated July 1, 1993 which is hereby adopted by reference. (Authorized by and implementing K.S.A. 1992 Supp. 44-510, as amended by L. 1993, Chap. 286, Sec. 1; effective Jan. 1, 1966; amended Jan. 1, 1969; amended Jan. 1, 1973; amended May 1, 1976; amended May 1, 1978; amended, T-88-20, July 1, 1987; amended May 1, 1988; amended Nov. 1, 1993.)

> Joe Dick Secretary of Human Resources

Doc. No. 013922

State of Kansas

# Department of Health and Environment

Permanent Administrative Regulations

### Article 39.—LICENSURE OF ADULT CARE HOMES

**28-39-76.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; amended May 1, 1984; revoked Nov. 1, 1993.)

**28-39-77.** (Authorized by K.S.A. 39-932; implementing K.S.A. 39-927, 39-932, and K.S.A. 1990 Supp. (continued)

39-930; effective May 1, 1982; amended, T-84-17, July 26, 1983; amended May 1, 1984; amended, T-87-51, Dec. 19, 1986; amended May 1, 1987; amended, T-88-57, Dec. 16, 1987; amended May 1, 1988; amended April 3, 1989; amended Dec. 30, 1991; revoked Nov. 1, 1993.)

**28-39-77a.** (Authorized by and implementing L. 1985, Ch. 151, Sec. 1; effective May 1, 1986; revoked Nov. 1, 1993.)

**28-39-78.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-82.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-83.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; amended May 1, 1985; amended, T-88-57, Dec. 16, 1987; amended May 1, 1988; revoked Nov. 1, 1993.)

**28-39-84.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-85.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-86.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-87.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; amended May 1, 1984; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended July 17, 1989; revoked Nov. 1, 1993.)

**28-39-88.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-89.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-90.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-91.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-92.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-93.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-94.** (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982; effective May 1, 1982; amended May 1, 1984; revoked Nov. 1, 1993.)

**28-39-95.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-96.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-97.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-98.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-99.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-100.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-101.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-102.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-103.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-103a.** (Authorized by K.S.A. 29-932; implementing K.S.A. 1983 Supp. 39-927, 39-930 and K.S.A. 39-932; effective May 1, 1984; revoked Nov. 1, 1993.)

**28-39-104.** (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982; effective May 1, 1982; amended, T-83-15, July 1, 1982; amended May 1, 1983; revoked Nov. 1, 1993.)

**28-39-105.** (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982; effective May 1, 1982; amended, T-83-15, July 1, 1982; amended May 1, 1983; revoked Nov. 1, 1993.)

**28-39-106.** (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982; effective May 1, 1982; amended, T-83-15, July 1, 1982; amended May 1, 1983; revoked Nov. 1, 1993.)

**28-39-107.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-108.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-109.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-110.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-111.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; amended, T-87-51, Dec. 19, 1986; amended May 1, 1987; revoked Nov. 1, 1993.)

**28-39-112.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-113.** (Authorized by and implementing K.S.A. 39-932; effective May 1, 1982; revoked Nov. 1, 1993.)

**28-39-144. Definitions.** (a) "Activities director" means an individual who meets one of the following requirements:

(1) Has completed the requirements for certification as a therapeutic recreation specialist by the national therapeutic recreation society, as in effect May 1, 1991;

(2) has two years of experience in a social or recreational program within the last five years, one of

which was full-time in a patient activities program in a health care setting;

(3) is registered in Kansas as an occupational ther-

apist or occupational therapy assistant;

(4) has a bachelor's degree in a therapeutic activity field in art therapy, horticultural therapy, music therapy, special education or a related therapeutic activity field; or

(5) is a nurse aide who has completed a course approved by the Kansas department of health and environment in resident activities coordination and who receives consultation from a therapeutic recreation specialist, an occupational therapist or an occupational

therapy assistant.

- (b) "Administrator" means any individual who is charged with the general administration of an adult care home whether or not the individual has an ownership interest in the adult care home. Each administrator of an adult care home shall be licensed in accordance with K.S.A. 65-3501 et seq., and any amendment to those statutes.
- (c) "Adult day care" means provision of services to individuals who are in the facility for less than twenty-four consecutive hours a day and are provided services which assist them to attain or maintain their highest level of physical, mental and psychosocial functioning.

(d) "Adult care home" means any nursing facility, intermediate care facility for the mentally retarded, intermediate personal care home, one to five bed adult care home or any boarding home licensed by the secretary of health and environment.

(e) "Advanced registered nurse practitioner" means an individual who is certified by the Kansas board of nursing as an advanced registered nurse practitioner.

(f) "Alteration" means any addition, modification or modernization in the structure or usage of a facility.

- (g) "Ambulatory resident" means any resident who is physically and mentally capable of getting in and out of bed and walking in a normal path to safety in a reasonable period of time, including the ascent and descent of stairs without the assistance of another person.
  - (h) "Audiologist" means an individual who:
- (1) Has completed the requirements of education and experience for a certificate of clinical competence in audiology as promulgated by the American speechlanguage and hearing association, and in effect on January 1, 1993; or
- (2) has completed the educational requirements for certification prescribed in the preceding paragraph and is in the process of accumulating the experience required for certification under the requirements described in the preceding paragraph; and

(3) On or after January 1, 1994 is licensed by the Kansas department of health and environment as an

audiologist.

(i) "Basement" means the part of a building which

is below grade.

(j) "Change of ownership" means any transaction that results in a change of control over the capital assets of a facility.

(k) "Clinical record" means a record which includes all the information and entries which reflect the resident's course of stay in the facility.

(l) "Controlled substance" means any drug, substance or immediate procurer included in any of the schedules designed in K.S.A. 65-4105, 65-4107, 65-4109, 65-4111 and 65-4113 and amendments to these sections.

(m) "Day shift" means any eight-hour work period which occurs between the hours of 6 a.m. and 9 p.m.

(n) "Department" means the Kansas department of health and environment.

(o) "Dietetic services supervisor" means an individual who meets one of the following requirements:

(1) Is licensed in the state of Kansas as a dietitian;

- (2) has an associate's degree in dietetic technology from a program approved by the American dietetic association;
- (3) has a certificate from a dietary managers' training program approved by the dietary managers association; or
- (4) has training and experience in dietetic services supervision and management that is determined by the secretary of health and environment to be equivalent in content to the program in paragraphs (2) and (3) of this subsection.

(p) "Dietitian" means an individual who is licensed by the Kansas department of health and environment as a dietitian.

(q) "Direct care staff" means an individual employed by a nursing facility who assists residents in activities of daily living. These activities may include grooming, eating, toileting, transferring and ambulation.

(r) "Director of nursing" means an individual who:

(1) Is licensed in Kansas as a registered nurse;

(2) is employed full-time in a nursing facility; and

(3) has the responsibility, administrative authority and accountability for the supervision of nursing care

provided to residents in a nursing facility.

- (s) "Drug administration" means an act in which a single dose of a prescribed drug or biological is given by injection, inhalation, ingestion or by any other means to a resident by an authorized person in accordance with all laws and regulations governing the administration of drugs and biologicals. Drug administration shall entail removing an individual dose from a labeled container, including a unit dose container, verifying the drug and dose with the physician's orders, and administering the dose to the proper resident, and documentation in the resident's clinical record.
- (t) "Drug dispensing" means the delivery of one or more doses of a drug by a licensed pharmacist or physician. The drug shall be dispensed in a container and labeled in compliance with state and federal laws and regulations.

(u) "Full-time" means 35 or more hours per week.

(v) "Interdisciplinary team" means a registered nurse with responsibility for the care of the residents, and other appropriate staff, as identified by resident comprehensive assessments, who are responsible for the development of care plans for residents.

(w) "Legal representative" means an individual person who has been appointed by a court of law as a guardian or has been selected by a resident in a durable power of attorney for health care decisions.

(x) "Licensed mental health technician" means an individual licensed by the Kansas board of nursing as

a licensed mental health technician.

(y) "Licensed nurse" means an individual licensed by the Kansas board of nursing as a registered nurse or licensed practical nurse.

(z) "Licensed practical nurse" means an individual who is licensed by the Kansas board of nursing as a

licensed practical nurse.

- (aa) "Licensed social worker" means an individual who is licensed by the Kansas board of behavioral sciences as a social worker.
- (bb) "Licensee" means an individual, firm, partnership, association, company, corporation, or joint stock association authorized by a license obtained from the secretary of health and environment to operate an adult care home.
- (cc) "Medical records practitioner" means an individual who has completed the requirements of education and experience for a certificate as a registered record administrator or an accredited record technician as promulgated by the American health information management association, effective October 1, 1990.

(dd) "Medication" means any drug or biological defined by K.S.A. 65-1626 that is administered to a res-

ident of an adult care home.

- (ee) "Medication aide" means an individual who has completed a training program in medication administration as prescribed in K.A.R. 28-39-169 through K.A.R. 28-39-171.
- (ff) "Non-ambulatory resident" means any resident who is not physically or mentally capable of getting in and out of bed and walking a normal path to safety without the assistance of another person.

(gg) "Nurse aide" means an individual who has a nurse aide certificate issued by the Kansas department of health and environment pursuant to K.A.R. 28-39-

165.

- (hh) "Nurse aide trainee" means an individual who is in the process of completing a nurse aide training program as prescribed in K.A.R. 28-39-165 or K.A.R. 28-39-167 and has not been issued a nurse aide certificate by the Kansas department of health and environment.
- (ii) "Nursing facility" means an adult care home which meets the definition found in K.S.A. 39-923(a)(2).
- (jj) "Nursing personnel" means the director of nursing, all registered nurses, licensed practical nurses, licensed mental health technicians in nursing facilities for mental health, medication aides, nurse aides, and nurse aide trainees under the supervision of the director of nursing.
- (kk) "Nursing unit" means a distinct area of the facility which contains not more than 60 resident beds and which includes the service areas and rooms described in K.A.R. 28-39-162.

(ll) "Occupational therapist" means an individual who is registered with the Kansas board of healing arts as an occupational therapist.

(mm) "Occupational therapy assistant" means an individual who is registered with the Kansas board of healing arts as an occupational therapy assistant.

(nn) "Physical restraint" means any method, or any physical device, material or equipment attached or adjacent to the resident's body that the resident cannot remove easily, which restricts freedom of movement or normal access to one's body.

(00) "Physical therapist" means an individual who is registered with the Kansas board of healing arts as

a physical therapist.

(pp) "Physical therapy assistant" means an individual who is certified by the Kansas board of healing arts as a physical therapy assistant.

(qq) "Physician" means an individual who is licensed by the Kansas board of healing arts as a medical

doctor or a doctor of osteopathy.

- (rr) "Psychopharmacologic drug" means any drug prescribed with the intent of controlling mood, mental status and behavior.
- (ss) "Registered nurse" means an individual who is licensed by the Kansas state board of nursing as a registered nurse.
- (tt) "Respite care" means the provision of nursing facility services to a resident on an intermittent basis for periods of less than 30 days at any one time.
- (uu) "Sanitization" means effective bactericidal treatment by a process that reduces the bacterial count, including pathogens, to a safe level on utensils and equipment.
- (vv) "Self-administration of drugs" means the determination by the resident of when to take a drug and the application or ingestion of the drug by the resident without assistance from nursing staff.
- (ww) "Significant change in condition" means a decline or improvement in the resident's mental or physical functioning which would result in the need for amendment of the resident's comprehensive care plan.
- (xx) "Social services designee" means an individual who meets one of the following qualifications:
- (1) Is a licensed social worker as defined in K.A.R. 28-39-144(aa);
- (2) has a bachelor's degree in a human service field including, but not limited to, sociology, special education, rehabilitation counseling, or psychology and receives supervision from a licensed social worker; or
- (3) is a nurse aide working in a facility of 120 beds or fewer who has completed a course approved by the Kansas department of health and environment and receives supervision from a licensed social worker on a regular basis.
- (yy) "Speech pathologist" means an individual who either:
- (1) Has completed the requirements of education and experience for a certificate of clinical competence in speech pathology as promulgated by the American speech-language and hearing association and in effect on October 1, 1990;

(2) has completed the educational requirements for certification prescribed in the preceding paragraph and is in the process of accumulating the experience required for certification under the requirements prescribed in the preceding paragraph; or

(3) on or after January 1, 1994 is licensed by the Kansas department of Health and Environment as a

speech-language pathologist.

(zz) "Therapeutic recreation specialist" means an individual who has completed the requirements for education and experience for a certificate of clinical competence in therapeutic recreation as promulgated by the national therapeutic society, and in effect on October 1, 1990. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)

28-39-145. Licensure. (a) Initial license: site approval. The site for any proposed new nursing facility, intermediate care facility for the mentally retarded and intermediate personal care home shall be approved by the department before design development or preliminary drawings for the facility are submitted.

(1) New intermediate nursing facilities for the mentally retarded shall not have more than one residential building, as defined in K.A.R. 28-39-225, located on one site or on contiguous sites. Residential buildings shall be dispersed geographically so as to achieve integration and harmony with the community or neigh-

borhoods in which they are located.

(2) A written request for site evaluation shall be made to the department and shall include the following information:

(A) the street name and number or legal description

of the proposed site;

- (B) the name and telephone number of the individual in the locale to be contacted by evaluation personnel;
  - (C) dimensions and boundaries of the site; and

(D) the name of the public utility or municipality that provides services to the site, including water,

sewer, electricity, and natural gas.

- (b) Initial license; new construction, conversion of an existing building, or modification of structure. Completed application forms, as prescribed by the department, shall be submitted when a facility is to be newly constructed, or when an existing building is to be converted for use as an adult care home, or when a structure is to be modified or expanded.
- (1) Each nursing facility, intermediate nursing facility for the mentally retarded and intermediate personal care home shall comply with the following provisions.
- (A) With the initial application, the owner shall submit one copy of preliminary construction plans and outline specifications in compliance with the following regulations:

(i) Nursing facilities, K.A.R. 28-39-162 to K.A.R. 28-

39-162c;

- (ii) intermediate personal care home, K.A.R. 28-39-311 to K.A.R. 28-39-312, inclusive; and
- (iii) intermediate nursing facilities for the mentally retarded with 16 beds or fewer, K.A.R. 28-39-225.
- (B) Prior to commencing construction, except for residential buildings which house six or fewer residents,

the owner shall submit one copy of the final plans and specifications which are sealed, signed, and certified by a registered architect to be in compliance with the following regulations:

(i) Nursing facilities, K.A.R. 28-39-162 to K.A.R. 28-

39-162c;

(ii) intermediate personal care homes, K.A.R. 28-39-311 and K.A.R. 28-39-312 inclusive; and

(iii) intermediate nursing facilities for the mentally retarded with 16 beds or fewer, K.A.R. 28-39-225.

- (C) All construction, including new work, addition, alteration, or remodeling which involves structural elements, shall be performed in accordance with construction documents and inspection of work under the immediate supervision of a registered architect currently licensed to practice in the state of Kansas. All project documents, including design development drawings, working drawings, specifications, and the certificate of completion in accordance with the construction documents, shall bear the official seal or stamp of the responsible architect.
- (D) If construction was not commenced within one year of the date when the final plans and outline specifications were submitted to the department, they shall be resubmitted.
- (E) The owner shall submit to the department any changes in the information in the initial application, plans or specifications.

(F) When the architect determines that construction is 50 percent completed, the owner shall notify the

department of same.

(G) The owner shall notify the department of the estimated completion date of the facility at least 30 days prior to said completion date.

(2) The department shall issue a license when:

(A) Construction is completed;

(B) the facility is found to meet all applicable requirements of law; and

(C) the applicant is found to qualify for a license under the provisions of K.A.R. 39-928 and has submitted a completed application form.

(c) Application information. In addition to the information requested under subsection (b), each application submitted for initial license shall include:

(1) A completed application form prescribed by the

department;

(2) legal documents transferring ownership or control, including sales contracts, leases, management agreements and any required approvals of other li-

censees or mortgagors;

- (3) curriculum vitae or resumes of all professional staff to be involved in operating or supervising the operation of the applicant's facility or facilities. Professional staff means anyone an applicant will rely on to supervise operations of the facility or facilities and anyone who will be involved in conducting the business affairs of the applicant's facility or facilities;
- (4) a current balance sheet and statement of the net worth prepared according to generally accepted accounting principles and certified by the applicant to be accurate; and

(5) evidence of a minimum of one month's operating expenses in cash or owner's equity.

(d) Annual report. An annual report shall be filed with the department on forms and at times prescribed by the department.

(e) Change of ownership. Each licensee shall notify the department of any anticipated change in ownership information from that which is on the current license application form. This notice shall be submitted in writing 60 days in advance of the proposed effective date of the change. A change of ownership shall not take effect prior to the issuance of the initial license.

(f) Change of administrator or director of nursing. Each licensee of a nursing facility shall notify the department immediately when there is a change in administrator or director of nursing. When a new administrator or director of nursing is employed, the licensee shall notify the department of the name, address and Kansas license number of the new administrator or director of nursing.

(g) Change of bed capacity. Any proposed change in bed capacity of any facility, whether an increase or a decrease, shall be approved by the department before the change is made. A change in bed capacity shall not be proposed more than one time within any 180 day period.

(h) Fees. Each initial application for a license and each annual report filed with the department shall be accompanied by a fee of \$50.00 plus \$15.00 for each bed. No refund of the fee shall be made if a license application is denied. (Authorized by K.S.A. 39-932; implementing K.S.A. 1992 Supp. 39-927; K.S.A. 1992 Supp. 39-930 and K.S.A. 39-932; effective Nov. 1, 1993.)

**28-39-146.** Receivership. (a) The department may designate as a receiver a person who:

- (1) has operated a Kansas licensed adult care home for at least five consecutive years;
- (2) has history of compliance with licensure standards;
  - (3) is financially solvent; and
  - (4) is of good moral character.
- (b) The department shall accept applications to be a designated receiver from time to time on prescribed forms.
- (c) A person designated a receiver shall not use the designation for any commercial purpose. (Authorized by and implementing K.S.A. 39-954, effective Nov. 1, 1993.)
- 28-39-147. Resident rights. Each resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. Each facility shall protect and promote the rights of each resident as set forth in this regulation.
  - (a) Exercise of rights.
- (1) Each resident shall be afforded the right to exercise his or her rights as a resident of the facility and as a citizen.
- (2) Each resident shall be afforded the right to be free from interference, coercion, discrimination, or re-

- prisal from the facility in exercising the resident's rights.
- (3) If a resident is adjudged incompetent under the laws of the state of Kansas, the legal representative of the resident shall have the power to exercise rights on behalf of the resident.
- (4) In the case of a resident who has executed a durable power of attorney for health care decisions, the rights of the resident may be exercised by the agent to the extent provided by K.S.A. 58-625 through 632.
  - (b) Notice of rights and services.
- (1) Prior to admission, the facility shall inform each resident or resident's legal representative, both orally and in writing, in a language the resident understands, of the following:
  - (A) Rights of residents;
- (B) rules governing resident conduct and responsibility; and
  - (C) rates and services.
- (2) Each resident shall be notified in writing of any changes in charges or services which occur after admission and at least 30 days in advance of the effective date of the change. The changes shall not take place until notice is given.
- (c) Inspection of records. Each resident or resident's legal representative shall be afforded the right to inspect records pertaining to the resident. The facility shall provide photocopies of the resident's record to each resident or resident's legal representative who submits a written request. The photocopies shall be provided within two working days of the request. The facility may charge a fee for the copies which shall not exceed community standards.
- (d) The resident shall be afforded the right to be fully informed of the resident's total health status including, but not limited to, the resident's medical condition.
- (e) Free choice. Each resident shall be afforded the right to:
  - (1) Choose a personal attending physician;
- (2) Participate in the development of an individual care plan;
  - (3) Refuse treatment;
- (4) Refuse to participate in experimental research;
- (5) Choose the pharmacy where prescribed medications are purchased. When the facility uses a unit dose or similar medication distribution system, the resident shall have the right to choose among pharmacies that offer or are willing to offer the same or a compatible system.
- (f) Management of financial affairs. Each resident shall be afforded the right to manage personal financial affairs and the facility shall not require any resident to deposit personal funds with the facility.
  - (g) Notification of changes.
- (1) A facility shall immediately inform the resident, consult with the resident's physician, and, if known, notify the resident's legal representative or designated family member when there is:

- (A) An accident involving the resident which results in injury and has the potential for requiring a physician's intervention;
- (B) a significant change in the resident's physical, mental, or psychosocial status;

(C) a need to alter treatment significantly; or

(D) a decision to transfer or discharge the resident from the facility.

(2) The facility shall promptly notify the resident, the resident's legal representative, or designated family member when there is a change in room or roommate assignment.

(h) Privacy and confidentiality. Each resident has the right to personal privacy and confidentiality of per-

sonal and clinical records.

(1) Privacy shall be provided during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups.

(2) The resident shall be assured that personal and clinical records are maintained in a confidential

manner.

(3) A release signed by the resident or the resident's legal representative shall be obtained prior to the release of records to anyone outside the facility, except in the case of transfer to another health care institution or as required by law.

(i) Grievances. Each resident shall be afforded the

right to:

- (1) Voice grievances with respect to treatment or care that is or fails to be furnished without discrimination or reprisal for voicing the grievances; and
- (2) prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.

(j) Work.

- (1) Each resident shall be afforded the right to refuse to perform services for the facility.
- (2) A resident may perform services for the facility, if the resident wishes, when:
- (A) the facility has documented the need or desire for work in the plan of care;
- (B) the plan specifies the nature of the services performed and whether the services are voluntary or paid; and
- (C) the resident or legal representative of the resident has signed a written agreement to the work arrangement described in the plan of care.
- (k) Mail. The resident shall be afforded the right to privacy in written communications, including the right
  - (1) Send and receive unopened mail promptly;
- (2) have access to stationery, postage and writing implements at the resident's own expense; and
  - (3) have outgoing mail mailed promptly.

(l) Access and visitation rights.

- (1) Each resident shall be afforded the right and the facility shall provide immediate access to any resident by:
- (A) Any representative of the secretary of the Kansas department of health and environment;
  - (B) the resident's individual physician;

(C) the state long-term care ombudsman;

(D) any representative of the secretary of the Kansas department of social and rehabilitation services;

(E) immediate family or other relatives of the resi-

dent; and

(F) others who are visiting with the consent of the resident subject to reasonable restrictions.

(2) Each resident shall be afforded the right to deny or withdraw consent for visitation by any person at

anytime.

(m) Telephone. Each resident shall be afforded the right to reasonable access to the use of a telephone where calls can be made without being overheard.

(n) Personal property. The resident shall be afforded the right to retain and use personal possessions, including furnishings and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.

(o) Married couples. Each resident shall be afforded the right to share a room with his or her spouse when married residents live in the same facility and both

spouses consent.

- (p) Self-administration of drugs. Each resident shall be afforded the right to self-administer drugs unless the resident's attending physician and the interdisciplinary team has determined that this practice is unsafe. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)
- 28-39-148. Admission, transfer and discharge rights. (a) The facility shall permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless:

(1) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be

met in the current facility;

(2) the safety of other individuals in the facility is endangered;

(3) the health of other individuals in the facility is

endangered;

(4) the resident has failed, after reasonable and appropriate notice, to pay for rates and charges imposed by the facility; or

(5) the facility ceases to operate.

(b) Whenever the facility transfers or discharges a resident, the reason shall be documented in the resident's clinical record by the resident's attending physician and in case of an emergency, the physician ordering the emergency transfer or discharge.

(c) Before the facility transfers or discharges a resi-

dent, the facility shall:

(1) Notify the resident and, if known, a family member or legal representative of the resident, of the transfer and discharge and the reasons;

(2) document in the resident's clinical record the reason for the transfer or discharge under any of the circumstances specified in subsection (a) (1) through (4) of this regulation. The documentation shall be made by:

(A) The resident's physician when transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met by the facility;

(B) the resident's physician when transfer or discharge is appropriate because the resident's health has improved sufficiently so that resident no longer needs the services provided by the facility; or

(C) any physician when transfer or discharge is necessary because the health or safety of other indi-

viduals in the facility is endangered.

(d) A notice of transfer or discharge shall be provided in writing to the resident or legal representative 30 days before the resident is transferred or discharged except in any emergency when:

(1) the safety of other individuals in the facility

would be endangered; or

- (2) the resident's urgent medical needs require an immediate transfer to another health care facility.
- (e) The written transfer or discharge notice shall include:

(1) The reason for transfer or discharge;

(2) the effective date of transfer or discharge;

(3) the address and telephone number of the complaint program of the Kansas department of health and environment where a complaint related to involuntary transfer or discharge may be registered;

(4) the address and telephone number of the long term care ombudsman for the Kansas department on

aging; and

- (5) for residents with developmental disabilities or who are mentally ill, the address and telephone number of the Kansas advocacy and protection services, inc.
- (f) Each facility shall provide sufficient preparation and orientation to a resident to ensure safe or orderly transfer and discharge from the facility.
- (g) A discharge plan shall be developed. The resident, family or legal representative shall be involved in the development of the discharge plan when practicable.
- (h) If the resident is transferred or discharged to another health care facility, sufficient information will accompany the resident to assure continuity of care in the new facility.
- (i) Before a facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the facility shall provide written information to the resident and, if known, a family member or legal representative that specifies:
- (1) The duration of the bed-hold policy during which the resident is permitted to return and resume residence in the facility;
- (2) the cost to the resident, if any, to hold their bed until they return; and
- (3) that when the resident's hospitalization or therapeutic leave exceeds the bed-hold period, the resident will be readmitted to the facility immediately upon the first availability of a bed in a semiprivate room if the resident requires the services provided by the facility.
- (j) Admission policy. Each licensee shall have written admission policies regarding admission of residents. The admission policy shall meet the following requirements.
- (1) The facility shall admit only those persons whose physical, mental and psychosocial needs can be met

within the accommodations and services available in the facility.

(A) Each resident shall be admitted under the care of a physician licensed to practice in Kansas.

(B) The facility shall not admit children under the age of sixteen.

- (C) Persons in need of specialized services for mental illness shall be admitted only to facilities which can provide the accommodations and treatment which will assist these individuals to achieve and maintain the highest practicable level of physical, mental and psychosocial functioning.
- (2) Before admission, the prospective resident or legal representative shall be informed in writing of the rates and charges for the facility's services and of the resident's obligations regarding payment. This information shall include the refund policy of the facility.
- (3) At the time of admission, the facility shall execute a written agreement with the resident or legal representative which describes in detail the services and goods which the resident shall receive, and sets forth the obligations that the resident has toward the facility.
- (4) An admission agreement shall not include a general waiver of facility liability for the health and safety of residents.
- (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type which is not less than 12-point type.
- (k) At the time of admission, the resident or legal representative shall be informed in writing of the state statutes related to advance medical directives,
- (1) A copy of any advance medical directives executed by the resident shall be on file in the resident's record.
- (2) The facility shall develop and implement policies and procedures related to the advance medical directives.
- (l) A copy of resident rights, the facility's policies and procedures for advance medical directives and the facility grievance policy shall be provided to each resident or the resident's legal representative prior to signing any admission agreement. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)
- **28-39-149.** Protection of resident funds and possessions. The facility shall have written policies and procedures which ensure the security of residents' possessions and residents' funds accepted by the facility for safekeeping.

(a) Each resident shall be afforded the right to manage the resident's own financial affairs and the facility shall not require residents to deposit their personal

funds with the facility.

(b) Upon written authorization of a resident, resident's legal representative or power of attorney or conservator, the facility shall hold, safeguard, manage and account for the personal funds of the resident deposited with the facility.

(c) The facility shall establish and maintain a system that assures a full, complete and separate accounting, according to generally acceptable accounting princi-

ples, of each resident's personal funds entrusted to the facility on the resident's behalf.

(1) The facility shall designate in writing the person responsible for the accounting system.

(2) A record shall be made each time there is a disbursement or addition to the resident's personal fund.

(3) A written report which includes accounting for all transactions and stating the current fund balance shall be provided to the resident or legal representative at least quarterly.

(4) The facility shall deposit any resident's funds in excess of \$50 in one or more interest bearing accounts which are separate from any of the facility's operating accounts, and which credit all interest when earned on the resident's account to the personal account of the resident.

(5) All resident funds deposited by the facility shall be deposited in a Kansas financial institution.

(6) Upon the death of a resident with # personal fund deposited with the facility, the facility shall convey within 30 days the resident's funds, and a final accounting of those funds to the individual or probate jurisdiction administering the resident's estate.

(7) The facility shall purchase a surety bond to assure the security of all personal funds of residents

deposited with the facility.

(d) The facility shall have written policies and procedures which ensure the security of each resident's personal possessions.

(1) A written inventory of the resident's personal possessions, signed by the resident or legal representative shall be completed at the time of admission and updated at least annually.

(2) If a resident requests that the facility hold personal possessions within the facility for safekeeping, a written record shall be maintained and receipt shall be given to the resident or legal representative. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.).

28-39-150. Resident behavior and facility practices. (a) Restraints. The resident shall be free from any physical restraints imposed or psychopharmacologic drugs administered for the purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

(1) When physical restraints are used there shall be:

- (A) a written physician's order which includes the type of restraint to be applied, the duration of the application and the justification for the use of the restraint;
- (B) evidence that a resident is released from the restraint, exercised and provided the opportunity to be toileted at least every two hours;

(C) regular monitoring of each resident in restraints at intervals of not less than 30 minutes;

(D) documentation in the resident's clinical record which indicates that less restrictive methods to ensure the health and safety of the resident were not effective or appropriate; and

(E) evaluation of the continued necessity for the physical restraint at least every three months and more frequently when there is a significant change in the resident's condition.

- (2) Equipment used for physical restraints shall be designed to assure the safety and dignity of the resident.
- (3) Staff who work with residents in physical restraints shall be trained in the appropriate application of the restraint and the care of a resident who is required to be physically restrained.
- (4) In the event of an emergency, a physical restraint may be applied following an assessment by a licensed nurse which indicates that the physical restraint is necessary to prevent the resident from harming him or herself or other residents and staff members. Physician approval shall be obtained within 12 hours of the application of any physical restraint.

(b) Residents who receive psychopharmacologic drugs shall be monitored closely by the facility staff and the consultant pharmacist for desired responses

and adverse effects.

(c) Abuse. Each resident has a right to be free from verbal, sexual, physical, and mental abuse; corporal

punishment, or involuntary seclusion.

(d) Staff treatment of residents. Each facility shall develop and implement written policies and procedures that prohibit abuse, neglect or exploitation of residents. The facility shall:

(1) Not use verbal, mental, sexual, or physical abuse, including corporal punishment, or involuntary

seclusion;

(2) not employ individuals who have been identified on the state nurse aide registry as having abused, neglected, or exploited residents in an adult care home in the past;

(3) ensure that all allegations of abuse, neglect or exploitation are investigated and reported immediately to the administrator of the facility and to the Kansas

department of health and environment;

(4) have evidence that all alleged violations are thoroughly investigated, and shall take measures to prevent further potential abuse, neglect or exploitation while the investigation is in progress;

- (5) report the results of all facility investigations to the administrator or the designated representative. A written record shall be maintained by the facility of all investigations of reported abuse, neglect and exploitation; and
- (6) take appropriate corrective action if the alleged violation is verified. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)
- 28-39-151. Resident assessment. Each facility shall conduct at the time of admission and periodically a comprehensive assessment of a resident's needs on an instrument approved by the secretary of health and environment.
- (a) The comprehensive assessment shall include at least the following information:
- (1) Current medical condition and prior medical
  - (2) measurement of resident's current clinical status;
  - (3) physical and mental functional status;

- (4) sensory and physical impairments;
- (5) nutritional status and impairments;
- (6) special treatments and procedures;(7) mental and psychosocial status;
- (8) discharge potential;
- (9) dental condition;
- (10) activities potential;
- (11) rehabilitation potential;
- (12) cognitive status; and
- (13) drug therapy.
- (b) A comprehensive assessment shall be completed:
- (1) no later than 14 days after admission;
- (2) no later than 14 days after a significant change in the resident's physical and/or mental condition; and
  - (3) in no case less often than once every 12 months.
- (c) The nursing facility staff shall examine each resident not less than once every three months, and as appropriate, revise the resident's assessment to assure the continued accuracy of the assessment.
- (d) Changes in a resident's condition which are selflimiting and will not affect the functional capacity of the resident over the long term do not in themselves require a reassessment of the resident.
- (e) The results of the comprehensive assessment shall be used to develop, review, and revise the resident's comprehensive plan of care under subsection (h).
- (f) Each assessment shall be conducted or coordinated with the participation of appropriate health professionals.
- (g) Each comprehensive assessment shall be conducted or coordinated by a registered nurse who signs and certifies the completion of the assessment.
  - (h) Comprehensive care plans.
- (1) The facility shall develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's physical, mental, and psychosocial needs that are identified in the comprehensive assessment.
  - (2) The comprehensive care plan shall be:
- (A) Developed within seven days after completion of the comprehensive assessment; and
- (B) prepared by an interdisciplinary team including the attending physician, a registered nurse with responsibility for the care of the resident, and other appropriate staff in other disciplines as determined by the resident's needs, and with the participation of the resident, the resident's legal representative and the resident's family to the extent practicable.
- (i) The services provided or arranged by the facility shall:
- (1) Meet professional standards of quality; and
- (2) be provided by qualified persons in accordance with each resident's written plan of care.
- (j) Discharge Summary. When the facility anticipates discharge of a resident, a discharge summary shall be developed which includes:
  - (1) A recapitulation of the resident's stay;
- (2) a final summary of the resident's status which includes the items found in the comprehensive assessment (28-39-151 (a)). This summary shall be available for release at the time of discharge to authorized

- persons and agencies, with the consent of the resident or the resident's legal representative; and
- (3) a post-discharge plan to assist the resident in the adjustment to a new environment. The resident, and when appropriate, the resident's family, shall participate in the development of the plan. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)
- **28-39-152.** Quality of care. Each resident shall receive and the facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and the plan of care.
- (a) Activities of daily living. Based on the comprehensive assessment of the resident, the facility shall ensure that:
- (1) each resident's abilities in activities of daily living improve or are maintained except as an unavoidable result of the resident's clinical condition. This includes the resident's ability to:
  - (A) Bathe;
  - (B) dress and groom;
  - (C) transfer and ambulate;
  - (D) toilet;
  - (E) eat; and
- (F) use speech, language or other functional communication systems.
- (2) Each resident is given the appropriate treatment and services to maintain and/or improve the level of functioning as described above in subsection (1).
- (3) A resident who is unable to perform activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. The facility shall ensure:
- (A) Residents are bathed to ensure skin integrity, cleanliness and control of body odor;
- (B) oral care is provided so that the oral cavity and dentures are clean and odor is controlled;
- (C) residents are dressed and groomed in a manner which preserves personal dignity;
- (D) residents who are unable to eat without assistance are offered fluids and food in a manner which maintains adequate hydration and nutrition; and
- (E) preservation and/or enhancement of the resident's abilities to obtain fluid and nutrition in a normal manner.
- (b) Urinary Incontinence. The facility shall ensure that:
- (1) Residents who are incontinent at the time of admission or become incontinent after admission are assessed, and based on that assessment a plan is developed and implemented to assist the resident to become continent unless the resident's clinical condition demonstrates that incontinency is unavoidable;
- (2) residents who are incontinent are kept clean and dry to ensure skin integrity and prevent body odor;
- (3) residents who are admitted to the facility without an indwelling catheter are not catheterized unless the resident's clinical condition demonstrates that catheterization is necessary; and

- (4) residents with indwelling catheters receive appropriate treatment and services to prevent urinary tract infections and to restore normal bladder function if possible.
- (c) Pressure ulcers. Based on the comprehensive assessment, the facility shall ensure that:
- (1) A resident who enters the facility without pressure ulcers does not develop pressure ulcers unless the resident's clinical condition demonstrates that they were unavoidable. The development of any pressure ulcer shall be reported to the medical director in writing;

(2) a resident with pressure ulcers receives the necessary treatment and services to promote healing, prevent infection, and prevent new ulcers from developing; and

(3) a skin integrity program is developed for each resident identified to be at risk for pressure ulcers. The program shall include:

(A) Frequent changes of position of at least one time every two hours;

(B) protection of the skin from items which could promote loss of skin integrity;

(C) use of protective devices over vulnerable areas such as heels, elbows, and other body prominences; and

(D) methods to assist the resident to remain in good body alignment.

(d) Stasis ulcers. Based on the comprehensive assessment of the resident the facility shall ensure that:

- (1) A resident who is identified on the comprehensive assessment as being at risk for development of stasis ulcers does not develop stasis ulcers unless the resident's clinical condition demonstrates that they were unavoidable; and
- (2) a resident with stasis ulcers receives the necessary treatment and services to promote healing, prevent infection, and prevent new ulcers from developing.

(e) Range of motion. Based on the comprehensive assessment of a resident, the facility shall ensure that:

- (1) A resident who enters the facility without a limitation in range of motion does not experience reduction in range unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable;
- (2) a resident with a decrease in range of motion receives appropriate treatment and services to increase range of motion, if practicable, and to prevent further decrease in range of motion; and
- (3) residents who are identified as at risk for experiencing a decrease in range of motion are provided appropriate treatment and services to prevent the decrease.
- (f) Mobility. Based on the comprehensive assessment of the resident, the facility shall ensure that:
- (1) A resident's level of mobility does not decrease after admission unless the resident's clinical condition demonstrates a reduction in mobility is unavoidable;
- (2) a resident with a limitation in the area of mobility receives the appropriate treatment and services

to maintain and/or increase the resident's abilities in the area of mobility; and

- (3) residents who are identified by the comprehensive assessment to be at risk for a reduction of function in the area of mobility are provided the treatment and services to prevent or limit that decrease in function.
- (g) Psychosocial functioning. Based on the comprehensive assessment of the resident, the facility shall ensure that:
- (1) A resident's level of psychosocial functioning does not decrease after admission unless the resident's clinical condition demonstrates that a reduction in psychosocial functioning is unavoidable; and
- (2) a resident who displays psychosocial adjustment difficulty receives appropriate treatment and services to achieve as high a level of psychosocial functioning as possible within the constraints of the resident's clinical condition.
- (h) Gastric tubes. Based on the comprehensive assessment of a resident, the facility shall ensure that a resident who:
- (1) Has been able to eat enough to maintain adequate nutrition and hydration independently or with assistance is not fed by a gastric tube unless the resident's clinical condition demonstrates that use of a gastric tube was unavoidable; or
- (2) is fed by a gastric tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, nasal and pharyngeal ulcers, ulceration at a gastrostomy tube site; and to restore, if possible normal feeding function.

(i) Accidents. The facility shall ensure that:

- (1) The resident's environment remains free of accident hazards; and
- (2) each resident receives adequate supervision and assistive devices to prevent accidents.
- (j) Nutrition. Based on the resident's comprehensive assessment, the facility shall ensure that a resident:
- (1) Maintains acceptable parameters of nutritional status, such as usual body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible;
- (2) receives a therapeutic diet as ordered by the attending physician when there is nutritional problem or there is a potential for a nutritional problem; and
- (3) who is at risk for malnutrition is monitored and appropriate treatment and services provided to prevent malnutrition.
- (k) Hydration. The facility shall provide each resident with sufficient fluid intake to maintain proper hydration and health.
- (1) Fresh water, with or without ice according to the preference of the resident, shall be accessible to each resident at all times except when not appropriate due to resident's clinical condition.
- (2) Residents at risk for dehydration shall be monitored and appropriate treatment and services provided to prevent dehydration.

- (l) The facility shall ensure that residents receive proper treatment and care for special services, which include, but are not limited to the following.
- (1) Parenteral Injections. Parenteral injections are performed by licensed nurses and physicians and in nursing facilities for mental health by licensed mental health technicians.
- (2) Intravenous fluids and medications. Intravenous fluids and medications are administered and monitored by a registered nurse or by a licensed practical nurse who has documented successful completion of training in intravenous therapy.
  - (3) Colostomy, ureterostomy or ileostomy care.
  - (4) Tracheostomy care.
  - (5) Tracheal suctioning.
  - (6) Respiratory care.
  - (7) Podiatric care.
  - (8) Prosthetic care.
  - (9) Skin care related to pressure ulcers.
  - (10) Diabetic testing.
- (m) Drug therapy. The facility shall ensure that all drugs are administered to residents in accordance with a physician's order and acceptable medical practice. The facility shall further ensure that:
- (1) All drugs are administered by physicians, licensed nursing personnel, or by other personnel who have completed a state-approved training program in drug administration. Parenteral medications shall be administered only by a physician, licensed nurse, or licensed mental health technician in a nursing facility for mental health;
- (2) a resident may self-administer drugs if the interdisciplinary team has determined that the resident can perform this function safely and accurately and the resident's physician has given written permission;
- (3) drugs are prepared and administered by the same person; and
- (4) the resident is identified prior to administration of drug, and the dose of the drug administered to the resident is recorded on the resident's individual drug record by the person who administers the drug.
- (n) Oxygen therapy. The facility shall ensure that oxygen therapy is administered to a resident in accordance with a physician's order. The facility shall further ensure that:
- (1) precautions are taken to provide safe administration of oxygen;
- (2) each staff person administering oxygen therapy is trained and competent in the performance of the required procedures;
- (3) equipment used in the administration of oxygen, including oxygen concentrators, is maintained and disinfected in accordance with the manufacturer's recommendations;
- (4) a sign which reads "oxygen no smoking" is posted and visible at the corridor entrance to a room in which oxygen is stored or in use;
- (5) all smoking materials, matches, lighters, or any item capable of causing a spark has been removed from a room in which oxygen is in use or stored; and

- (6) oxygen containers are anchored to prevent them from tipping or falling over. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)
- **28-39-153.** Quality of life. Each facility shall care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.
- (a) Dignity. Each facility shall promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity in a manner that respects and fully recognizes the resident's individuality.
- (b) Self-determination and participation. Each resident shall be afforded the right to:
- (1) Choose activities, schedules, and health care consistent with resident's interests, assessments and care plans;
- (2) interact with members of the community both inside and outside the facility; and
- (3) make choices about aspects of the resident's life that are significant to the resident.
  - (c) Participation in resident and family groups.
- (1) Each resident shall be afforded the right to organize and participate in resident groups in the facility.
- (2) Each resident's family shall be afforded the right to meet in the facility with the families of other residents in the facility.
- (3) Staff or visitors may attend meetings at the group's invitation.
- (4) The facility shall provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings.
- (5) When a resident or family group exists, the facility shall consider the views, grievances and recommendations of residents and their families concerning proposed policy and operational decisions affecting resident care and life in the facility. A record of the written requests and the facility responses and/or actions will be maintained.
- (d) Participation in other activities. Each resident shall be afforded the right to:
- (1) Participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility; and
- (2) reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.
  - (e) Activities.
- (1) The facility shall provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests of and promote the physical, mental, and psychosocial wellbeing of each resident.
- (2) The activities program shall be directed by a qualified activities director.
- (3) Activities personnel shall be employed at a minimum weekly average of .09 hours per resident per day.
  - (f) Social services.

- (1) The facility shall provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.
- (2) A facility with more than 120 beds shall employ a full-time social service designee who is a licensed social worker or meets the qualifications found in K.A.R. 28-39-144 (xx) (2) and receives supervision from a licensed social worker.
- (3) A facility with more than 120 beds shall employ a social services designee. If a social service designee is not a licensed social worker or meets the requirements in K.A.R. 28-39-144 (xx)(2), the social service designee shall receive supervision from a licensed so-
- (4) Social service personnel shall be employed at a minimum weekly average of .09 hours per resident per day. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)
- **28-39-154.** Nursing services. Each facility shall have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident as determined by resident assessments and individual plans of care.

(a) Sufficient staff. The facility shall provide sufficient numbers of each of the following types of personnel to provide nursing care to all residents in accordance with each resident's comprehensive as-

sessment and care plan.

- (1) A director of nursing who is a registered nurse shall be employed full-time. The director of nursing shall have administrative authority over and responsibility for the functions and activities of the nursing staff.
- (2) A registered nurse shall be on duty at least eight consecutive hours per day, 7 days per week. The director of nursing may be included to meet this requirement.

(3) A licensed nurse shall be on duty 24 hours per

day, 7 days per week.

- (A) On the day shift there shall be the same number of licensed nurses on duty as there are nursing
- (B) If a licensed practical nurse is the only licensed nurse on duty, a registered nurse shall be immediately available by telephone.
- (4) At least two nursing personnel shall be on duty at all times in the facility. Personnel shall be immediately accessible to all residents to assure prompt response to the resident call system and necessary action in the event of injury, illness, fire, or other emergency.
- (A) Nursing personnel shall not be assigned routine housekeeping, laundry or dietary duties.
- (B) Direct care staff shall wear identification badges to identify name and position.
- (C) Direct resident care shall be provided by nursing personnel in accordance with the following minimum requirements.
- (i) Per facility, there shall be a weekly average of 2.0 hours of care per resident and a daily average of no fewer than 1.85 hours during any 24 hour period.

The director of nursing shall not be included in this computation in facilities over 60 beds.

- (ii) The ratio of nursing personnel to residents per nursing unit shall never be fewer than one nursing staff member for each 30 residents or for each fraction of that number of residents.
- (iii) The licensing agency may require an increase in the number of nursing personnel above minimum levels under certain circumstances. The circumstances could include location of resident rooms, locations of nurses stations, the acuity level of residents or that the health and safety needs of residents are not being
- (b) Staffing schedules shall be maintained and kept on file in the facility for 12 months and shall include hours actually worked and the classification of nursing personnel who worked in each nursing unit on each shift. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)

28-39-155. Physician services. Each resident shall be admitted and remain under the care of a physician.

(a) The facility shall ensure that:

(1) The medical care of each resident is supervised

by a physician; and

(2) another physician supervises the medical care of residents when their attending physician is not available.

The physician shall:

- (1) Provide at the time of the resident's admission to the facility orders for the immediate care of the resident, current medical findings and diagnosis. A medical history shall be provided by the physician within seven days of admission;
- (2) review the resident's total program of care, including medications and treatments at each visit;
- (3) write, sign and date progress notes at each visit;
- (4) sign all written orders at the time of the visit and telephone orders within seven days of the date of order was given.

The resident shall be seen by a physician:

- When it is necessary due to a change in the resident's condition determined by the physician or licensed nursing staff:
- (2) when the resident or legal representative requests a physician visit; and

(3) at least annually.

- (d) The physician may delegate visits to a resident to an advanced registered nurse practitioner or physician assistant.
- (1) There shall be a written protocol developed which indicates the tasks delegated by the physician to the advanced registered nurse practitioner or physician assistant.

(2) A copy of the protocol shall be on file in the

nursing facility.

(3) Orders for medications prescribed by an advanced registered nurse practitioners or physicians assistant shall be countersigned by the physician within seven days of being prescribed.

- (e) At admission, the facility shall determine the hospital to which the resident prefers to be transferred in the case of a medical emergency. If the resident's attending physician does not have admitting privileges at the named hospital, arrangements shall be made with another physician with admitting privileges to assume the care of the resident during hospitalization. This information shall be available on the resident's clinical record.
- (f) In the event of the death of a resident in a facility, a physician's order shall be obtained prior to the removal of the body. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)
- **28-39-156.** Pharmacy. The facility shall provide pharmaceutical services including policies and procedures that assure the accurate acquisition, receipt, and administration of all drugs and biologicals to meet the needs of each resident.

(a) Supervision by a licensed pharmacist.

- (1) A pharmacist shall be responsible for developing, coordinating, and supervising all pharmacy services.
- (2) The pharmacist shall perform a monthly review of methods, procedures, storage, administration, disposal, and record-keeping of drugs and biologicals.

(3) The pharmacist shall prepare a written report which includes recommendations for the administrator after each monthly review.

(b) Ordering and labeling.

(1) All drugs and biologicals shall be ordered pursuant to a written order issued by a licensed physician.

- (2) Each prescription container shall be labeled by the dispensing pharmacist in accordance with K.A.R. 68-7-14.
- (3) Over-the-counter drugs may be obtained. The drug shall be delivered to the facility in the original, unbroken manufacturer's package. The full name of the resident shall be placed on the package by the pharmacist or licensed nurse. If over-the-counter drugs are removed from the original manufacturer's package, other than for administration, the drug shall be labeled as required for prescription drugs.
- (4) Verbal orders for drugs shall be given to a licensed nurse, pharmacist or physician. Verbal orders for drugs shall be immediately recorded in the clinical record and shall be signed by the person receiving them, and shall be countersigned by the physician within seven working days of receipt of the verbal order.
- (c) Automatic stop orders. Drugs not specifically limited as to time or number of doses when ordered shall be controlled by automatic stop orders in accordance with written policies of the facility. The physician shall be notified of an automatic stop order before the administration of the last dose so that the physician may decide if additional drug is to be ordered.

(d) Storage.

- (1) The licensed pharmacist shall ensure that all drugs and biologicals are stored according to state and federal laws.
- (2) All drugs and biologicals shall be stored in a locked medication room or a locked medication cart

- located at the nurses' station. Only the administrator and persons authorized to administer medications shall have keys to the medication room or the medication cart.
- (3) Drugs and biologicals shall be stored under sanitary conditions.
- (4) The temperature of the medication room shall not exceed 85 degrees. Drugs and biologicals shall be stored at the temperatures recommended by the manufacturer.
- (e) Policies and procedures shall be developed and implemented to assure that residents who self-administer drugs do so safely and accurately.
- (f) Accountability and disposition. Drugs and biologicals shall be controlled and disposed of in a manner that ensures the safety of the resident.
- (1) Records of receipt and disposition of all controlled substances shall be maintained in order that there can be an accurate reconciliation.
- (2) The licensed pharmacist shall determine whether the records of drug and biological administration are in order and that an accurate account of all controlled substances was maintained and reconciled.
- (3) Deteriorated, outdated, discontinued drugs and biologicals and those unused remaining from a discharged or deceased resident shall be identified by the licensed pharmacist during the monthly pharmacy services review. The licensed pharmacist shall destroy, if appropriate, deteriorated, outdated, unused, or discontinued drugs and biologicals at the nursing facility and in the presence of one witness who is a licensed nurse employed by the facility. A record shall be on file in the facility which contains the date, drug name, quantity of drugs and biologicals destroyed and signatures of the pharmacist and licensed nurse.
- (4) Drugs and biologicals which have been recalled shall be returned to the dispensing pharmacy and documentation of this action shall be maintained in the facility.
- (5) Drugs may be provided to residents or a responsible party during short-term absences from the facility.
- (A) Drugs may be transferred to a suitable container by a staff member who has the authority to administer drugs.
- (B) Written instructions for the administration of the drugs shall be provided to the resident or responsible party.
- (6) The staff member preparing the drugs shall document the drugs provided and the instructions given in the resident's clinical record.
- (7) Drugs may be sent with a resident at the time of discharge, if so ordered by the physician.

(g) Drug regimen review.

- (1) The licensed pharmacist shall review the drug regimen of each resident at least monthly.
- (2) The licensed pharmacist shall document in the resident's clinical record that the drug regimen review has been performed.
- (3) Any irregularities shall be reported to the attending physician, the director of nursing, and the

medical director, and the response to these reports shall be acted upon.

(4) The drug regimen review may be documented in the resident's clinical record or on a drug regimen report form. A copy of the drug regimen review shall be available to the department.

(5) Any deviation between drugs ordered and given shall be reported to the quality assessment and

assurance committee.

- (h) Emergency drug kits. A nursing facility may have an emergency drug kit available for use when needed.
- (1) The medical director, director of nursing and licensed pharmacist shall determine the contents of the emergency drug kit. The contents of the kit shall be periodically reviewed and drugs added and deleted as appropriate. Written documentation of these determinations shall be available in the facility.

(2) Policies and procedures shall be available for the

use of the emergency drug kit.

(3) The facility shall have a system in place which ensures that drugs used from the emergency drug kit are replaced in a timely manner.

(4) The emergency drug kit shall be in compliance with K.A.R. 68-7-10 (d). (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)

**28-39-157.** Specialized rehabilitation services. Each facility shall provide or obtain rehabilitative services for residents, including physical therapy, speechlanguage pathology, audiology, and occupational therapy.

(a) Provision of services. If specialized rehabilitative services are required in the resident's comprehensive

plan of care, the facility shall:

(1) Provide the required services; or

(2) obtain the required services from an outside resource in accordance with K.A.R. 28-39-163 (h), from a provider of specialized rehabilitation services.

(b) Specialized rehabilitation services shall be provided under the written order of a physician by qual-

ified personnel.

- (c) Policies and procedures shall be developed for the provision of specialized rehabilitation services. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)
- **28-39-158.** Dietary services. The facility shall provide each resident with nourishing, palatable, attractive, non-contaminated foods that meet the daily nutritional and special dietary needs of each resident. A facility that has a contract with an outside food management company shall be found to be in compliance with this regulation provided the company meets the requirements of these regulations.

(a) Staffing.

(1) Overall supervisory responsibility for the dietetic services shall be the assigned responsibility of a full-time employee who is a licensed dietitian or a dietetic services supervisor who receives regularly scheduled onsite supervision from a licensed dietitian. Sufficient support staff shall be provided to assure adequate time for planning and supervision.

(2) There shall be written policies and procedures which include all functions of the dietetic services department. The policies and procedures shall be available for use in the department.

(b) Menus and nutritional adequacy.

- (1) Menus shall meet the nutritional needs of the residents in accordance with:
  - (A) each resident's comprehensive assessment;

(B) the attending physician's orders; and

(C) the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Accademy of Sciences as published in *Recommended Dietary Allowances*, 10th ed., 1989.

(2) Menus for all diets and therapeutic modifications shall be written at least two weeks in advance

and approved by a licensed dietitian.

(3) Menus shall ensure that not less than 20% of the total calorie intake is served at one meal.

(4) When a substitution is necessary, it shall be of similar nutritive value, recorded, and available for review.

(5) Menus shall be followed.

(6) Records of the foods purchased and meals and snacks actually served shall be kept on file for 3 months and be available for review.

(c) Food. Each facility shall comply with the following provisions.

(1) Food shall be prepared by methods that conserve nutritive value, flavor, appetizing aroma, and appearance.

(2) Food shall be attractive, flavorful, well sea-

soned, and served at the proper temperature.

(A) Hot foods shall be held prior to serving at 140°F or above.

- (B) Hot foods, when served to the resident, shall not be below 115°F.
- (C) Cold foods that are potentially hazardous shall be held and served at not more than 45°F.
- (3) Food shall be prepared using standardized recipes adjusted to the number served.
- (4) Food shall be prepared in a form designed to meet individual needs.
- (5) A resident shall be served food of similar nutritive value as a substitute when a resident refuses a food served.

(d) Therapeutic diets.

(1) Therapeutic diets shall be prescribed by the at-

tending physician.

(2) A current diet manual approved by the licensed dietitian shall be available to attending physicians, nurses, and dietetic services personnel. The manual shall be used as a guide for writing menus for therapeutic diets.

(e) Frequency of meals.

- (1) Each resident shall receive and the facility shall:
- (A) Provide at least three meals daily, at regular times;
- (B) offer nourishment at bedtime to all residents unless clinically contra-indicated; and

- (C) provide between-meal nourishments when clinically indicated or requested when not clinically contraindicated.
- (2) There shall be no more than 14 hours' time between a substantial evening meal and breakfast the following day, except when a nourishing snack is provided at bedtime, in which instance 16 hours may elapse. A nourishing snack shall contain items from at least 2 food groups.

(f) Assistive devices. Each facility shall provide, based on the comprehensive assessment, special eating equipment and utensils for residents who need them.

(g) Sanitary conditions. Each facility shall comply

with the following provisions.

- (1) Foods shall be procured from sources approved or considered satisfactory by federal, state and local authorities.
- (2) Food shall be stored, prepared, displayed, distributed, and served under sanitary conditions.
- (A) Potentially hazardous foods shall be kept at a temperature of 45°F (7°C) or lower, or at a temperature of 140°F (60°C) or higher.
- (B) Each mechanically refrigerated storage area shall be provided with a numerically scaled indicating thermometer, accurate to + or -3°F (l.5°C), which is located to measure the warmest part of the storage area and is easily readable.
- (C) Frozen food shall be kept frozen and shall be stored at a temperature of not more than 0°F.
- (D) Each prepared food, dry or staple food, single service ware, sanitized equipment, and utensil shall be stored at least 6 inches (15 centimeters) above the floor on clean surfaces and protected from contamination.
- (E) Each container of a poisonous compound or cleaning supplies shall be labeled and kept in areas separate from those used for food storage, preparation and serving.
- (F) Each food item not stored in the original product container or package shall be covered, labeled and dated.
- (G) Each opened food item stored in the original product container or package shall be tightly covered and dated.
- (H) Prepared foods, dry or staple foods, single service ware, sanitized equipment or utensils and containers of food shall not be stored under exposed or unprotected sewer lines or water lines, except for automatic fire protection sprinkler heads. The storage of food and service equipment and utensils in toilet rooms is prohibited.
- (I) Food not subject to further washing or cooking before serving shall be stored in a way that protects it against cross-contamination.
- (J) Packaged food shall not be stored in contact with water or undrained ice.
- (3) Foods shall be prepared and served with the least possible manual contact, with suitable utensils, and on surfaces that prior to use have been cleaned, rinsed and sanitized to prevent cross-contamination.
- (4) Food shall not be prepared or served from containers with serious defects.

- (5) Each raw fruit and raw vegetable shall be thoroughly washed with water before being cooked or served.
- (6) Potentially hazardous foods requiring cooking shall be cooked to heat all parts of the food to at least 140°F with the following exceptions.
- (A) Poultry, poultry stuffings, stuffed meats and stuffing containing meat shall be cooked to heat all parts of the food to at least 165°F with no interruption of the cooking process.

(B) Pork and any food containing pork shall be cooked to heat all parts of the food to at least 150°F.

- (C) Ground beef and any food containing ground beef shall be cooked to heat all parts of the food to at least 155°F.
- (7) When foods in which dry milk has been added are not cooked, the foods shall be consumed within 24 hours.
- (8) Only pasteurized fresh milk shall be used for a beverage and shall be transferred to a glass directly from a milk dispenser or original container. When clinically indicated, non-fat dry milk may be added to fresh milk served to a resident.
- (9) Only clean whole eggs, with shells intact and without cracks or checks, or pasteurized liquid, frozen, or dry eggs or egg products, or commercially prepared and packaged hard cooked, peeled eggs shall be used. All eggs shall be cooked.

(10) Potentially hazardous foods that have been cooked and then refrigerated shall be reheated rapidly to a minimum of 165°F throughout before being served or before being placed in a hot food storage unit.

- (11) Metal stem-type numerically scaled thermometers, accurate to + or -3°F shall be provided and used to assure the attainment and maintenance of proper internal cooking, holding, or refrigeration temperatures of potentially hazardous foods.
  - (12) Potentially hazardous foods shall be thawed;
  - (A) Under refrigeration;
  - (B) under cold running water;
- (C) in a microwave when the food will be immediately cooked; or
  - (D) as part of the cooking process.
- (h) Service. The facility shall provide the following services:
- (1) Dining room service shall be available for all capable residents;
- (2) Ice shall be provided for beverages and shall be handled in a manner which prevents contamination.
- (3) Food distributed for room service and to dining rooms not adjacent to the dietetic services department shall be covered;
- (4) Food on display shall be protected from contamination by the use of packaging or by the use of easily cleanable counter, serving line or salad bar protective devices or other effective means.
  - (5) Dietary employees shall:
- (A) Thoroughly wash their hands and exposed portions of their arms with soap and water before starting work, during work as often as necessary to keep them clean, and after smoking, eating, drinking, or using

the toilet. Employees shall keep their fingernails clean

(B) wear clean outer clothing;

(C) use effective hair restraints to prevent contamination of food and food-contact surfaces; and

(D) taste food in a sanitary manner.

- (6) Equipment and utensils shall be constructed from and repaired with safe materials.
- (7) Equipment and utensils shall be cleaned and sanitized after each use.
- (8) Cloths or paper used for wiping food spills on tableware such as plates or bowls shall be clean, dry, and used for no other purpose.
- (9) Cloths or sponges used for wiping food spills on food and non-food contact surfaces shall be clean, rinsed frequently in a sanitizing solution and stored in the sanitizing solution which is maintained at an effective concentration.
- (i) The facility shall ensure that only persons authorized by the facility are in the dietary services
- (j) The facility shall ensure that the food preparation area is not used as a dining area.
- (k) Cleaning Procedures. The facility shall comply with the following provisions.
- (1) Cleaning procedures shall be established and followed to ensure that all equipment and work areas, including walls, floors and ceilings are clean.
- (2) Cleaning and sanitizing of tableware and equipment shall be performed by immersion, spray-type, or low-temperature (chemical) dishwashing machines according to the manufacturer's directions. Rinse temperature in hot water machines shall be a minimum of 180°F (82°C) for 12 seconds at manifold level and 160°F at the dish level.
- (3) All tableware, kitchenware, and equipment shall be air-dried.
- (4) Glasses and cups shall be stored in an inverted position. Other stored utensils shall be covered or inverted. Facilities for the storage of knives, forks, and spoons shall be designed and used to present the handle first.
- (5) Mops and mop pails shall be provided for exclusive use in the dietary department; and
- (6) A lavatory with hot and cold running water, soap, and single-service towels or a mechanical hand drying device shall be provided in dietetic services.
- Waste shall be disposed of in a sanitary manner via a food disposal or in clean containers with tightfitting covers. Waste containers shall be covered except when in continuous use. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)

28-39-159. Dental Services. Each facility shall assist residents in obtaining routine and 24-hour emergency dental care.

(a) The facility shall:

- (1) Maintain a list of available dentists for residents who do not have a dentist;
- (2) assist residents, if requested or necessary, in arranging for appropriate dental services; and

- (3) assist residents in arranging transportation to and from the dentist's office. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)
- 28-39-160. Other resident services. (a) Special care section. A facility may develop a special care section within the nursing facility to serve the needs of a specific group of residents.

(1) A specific portion of the facility shall be des-

ignated for the special care section.

(2) An admission criteria shall be developed which identifies the diagnosis, behavior or specific clinical needs of the residents to be served. The medical diagnosis, physician's progress notes, or both shall justify admission to the section.

(3) A written physician's order shall be required for

placement.

(4) Direct care staff shall be present in the section at all times.

(5) A training program shall be provided to each staff member prior to the member's assignment to the section. Evidence of completion of the training shall be on file in the employees' personnel records.

(6) Inservice training shall be provided to staff at regular intervals specific to the needs to the residents

in the special care section.

- (7) Policies and procedures for operation of the special care section shall be developed and be available to the direct care staff.
- (8) A sub-station for direct care staff shall be provided in the special care section. The sub-station shall be designed in accordance with the needs of the special care section and shall be located so that the corridors are visible from that location.
- (9) Staff in the section shall be able to observe and hear resident and emergency call signals from the corridor and nurse substation.
- (10) Each resident shall have access to and utilization of living, dining, activity and recreational areas in the special care section or in another section of the facility.

(11) The comprehensive resident assessment shall indicate that the resident would benefit from the pro-

gram offered by the special care section.

(12) The resident comprehensive care plan shall include interventions which effectively assist the resident in correcting or compensating for the identified problems or need.

(13) Control of exits shall be the least restrictive

possible for the residents in the section.

- (b) Adult day care. The facility may provide adult day care services to individuals whose physical, mental and psychosocial needs can be met by intermittent nursing, psychosocial and rehabilitative/restorative
- (1) The facility shall develop written policies and procedures for provision of adult day care services. (2) Criteria for admission to the adult day care serv-

ice shall be developed.

(3) The facility shall maintain a clinical record of services provided to clients in the adult day care program.

(4) The provision of adult day care services shall not adversely affect the care and services offered to residents of the facility.

(c) Respite care. The facility may provide respite care to individuals on a short-term basis of not more

than 30 consecutive days.

(1) The facility shall develop policies and proce-

dures for the provision of respite care.

(2) All requirements for admission of a resident to a nursing facility shall be met for an individual admitted for respite care.

(3) At the time the resident is released from respite care, an order may be obtained from the physician indicating that this individual may return to the facility at a later date for respite care.

(A) The facility may identify the resident's clinical record as being inactive until the resident returns.

- (B) Each time the resident returns to the facility for subsequent respite services, the resident's physician shall review the physician plan of care and indicate any significant change which may have occurred in the resident's medical condition since the previous
- (C) The comprehensive assessment and care plan shall be reviewed and revised if needed.
- (D) A complete comprehensive assessment shall be conducted after a significant change in the resident's physical, mental or psychosocial functioning and no less often than once a year.
- (E) Facilities with a ban on admissions may not admit or readmit residents for respite care. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)
- 28-39-161. Infection control. Each facility shall establish and maintain an infection control program designed to provide a safe, sanitary and comfortable environment for residents and to prevent the development and transmission of disease and infection.

(a) The facility shall establish an infection control

program under which it:

(1) Prevents, controls and investigates infections in

the facility;

- (2) develops and implements policies and procedures which require all employees to adhere to universal precautions to prevent the spread of blood borne infectious diseases based on "Recommendations for Prevention of HIV Transmission in Health-care Settings," as published in the Morbidity and Mortality Weekly Report, June 24, 1988, Vol. 37 No. 24 and "CDC Guideline for Handwashing and Hospital Environmental Control," effective November, 1985;
- (3) develops and implements policies and procedures related to isolation of residents with suspected and/or diagnosed communicable diseases based on "Center for Disease Control Guidelines for Isolation Precautions in Hospitals," effective July 1, 1983;
- (4) develops policies and procedures related to employee health based on "Center for Disease Control Guidelines for Infection Control in Hospital Personnel," effective August, 1983;
- (5) assures that at least one private room which is well ventilated and contains a separate toilet facility is

available for isolation of a resident with an infectious disease requiring a private room. A policy shall be developed for transfer of a resident occupying a private room designated as an isolation room to allow placement of a resident with an infectious disease requiring isolation in a private room;

(6) includes in the orientation of new employees and periodic employees inservice information on exposure control and infection control in a health care

setting; and

(7) maintains a record of incidents and corrective actions related to infections which are reviewed and acted upon by the quality assessment and assurance committee.

(b) Preventing the spread of infection.

(1) When a physician or licensed nurse determines that a resident requires isolation to prevent the spread of infection, the facility shall isolate the resident according to the policies and procedures developed.

The facility shall prohibit employees with a communicable disease or infected skin lesions from coming in direct contact with residents, their food, or resident care equipment until the condition is resolved.

- Tuberculosis skin testing shall be administered to each new resident and employee as soon as residency or employment begins, unless they have documentation of a previous positive reaction. Facilities shall follow the Centers for Disease Control recommendations for "Prevention and Control of Tuberculosis in Facilities Providing Long-term Care to the Elderly," as published in Morbidity and Mortality Weekly Report, July 13, 1990.
- (4) Staff shall wash their hands after each direct resident contact for which handwashing is indicated by "Center for Disease Control Guideline for Handwashing and Hospital Environmental Control," effective November, 1985.

(c) Linens and resident clothing.

- (1) Soiled linen and soiled resident clothing shall be handled as little as possible and with minimum agitation to prevent gross microbial contamination of air and of persons handling the items.
- (2) All soiled linen and resident clothing shall be bagged or put into carts immediately at the location where it was used; it shall not be sorted or pre-rinsed in resident-care areas.
- (3) Linen and resident clothing soiled with blood or body fluids shall be deposited and transported in bags that prevent leakage.

(4) Linen shall be washed with detergent in water at least 160°F. Manuafacturers' operating directions for

washing equipment shall be followed.

- (5) If low temperatures of less than 160°F are used to wash soiled resident clothing, chemicals suitable for low-temperature washing at proper use concentration shall be used.
- (6) Clean linen shall be transported and stored by methods that will ensure its cleanliness. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)

28-39-162. Physical environment; construction and site requirements. Each facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel, and the public.

(a) All new construction and modifications shall comply with building codes, ordinances, and regulations enforced by city, county, or state jurisdictions.

(1) Where codes, ordinances and regulations are not in effect, the owner shall conform to the Uniform Building Code, as in effect in 1991.

(2) New construction, modifications and equipment shall conform to the following codes and standards:

(A) Americans with Disabilities Act as published in the Federal Register on July 26, 1991; and

(B) "Food Service Sanitation Manual," Health, Education, and Welfare (HEW) Publication No. FDA 78-1082, as in effect on July 1, 1981.

(b) Site requirements. The location and development of a site upon which a facility is to be constructed, or an existing facility expanded, or an existing building converted for use as an adult care home, shall meet the following physical requirements:

(1) Site location. The general location of the site shall be:

(A) Served by all-weather roads or streets;

(B) accessible to physician services, fire and other emergency services, medical facilities, churches, and population centers where employees can be recruited and retained;

- (C) sufficiently remote from noise sources which would cause maximum day/night average sound level of 65 decibels. The average day/night sound level is the A-weighted energy equivalent sound level for a 24-hour period with an additional 10 decibel weighing imposed on the equivalent sound level occurring during the night-time hours of the following day (10:00 p.m. to 7:00 a.m.). The term decibel is a unit for measuring the volume of a sound equal to 20 times the logarithm to the base 10 of the ratio of the pressure of sound measured to the reference pressure which is 20 micropascals. Fast time averaging and A-measurements shall be made 4 feet 11 inches (1.5 meters) above ground level at a site location, 6 feet 7 inches (2 meters) from the exterior wall of the existing or proposed building, on that side nearest the predominant noise source. Where the proposed building location is unknown, measurements shall be made at a point 6 feet 7 inches (2 meters) beyond the building setback line in the direction of the predominant noise source. Noise measurements submitted for review shall have been performed at the site within 180 days immediately before the date of application for site approval. Consideration shall be given to the presence of time varying or seasonal noise sources during the selection of measurement periods so as to provide an accurate assessment of the noise environment of the site. The 24-hour measurement periods shall be selected to be representative of the maximum noise source activities likely to be encountered during any weekly period;
  - (D) free from noxious and hazardous fumes;
- (E) a minimum of 3,000 feet (914 meters) from concentrated livestock operations, such as feedlots, shipping areas, or holding pens;

(F) free of flooding for a 20 year period; and

(G) sufficient in area and configuration to accommodate the facility, drives, parking, sidewalks, recreational area and community zoning restrictions.

(2) Site development. Development of the site shall

conform to the following provisions.

(A) Final grading of the site shall provide topography for positive surface drainage away from the building and positive protection and control of surface drainage and freshets from adjacent areas.

(B) Off-street parking shall be provided at a rate of six (6) parking spaces for the first 3,000 square feet (279 square meters) of gross floor area of the facility, plus one additional parking space for each additional 1,000 square feet (93 square meters) of gross floor area

of the facility.

(C) Parking spaces, sized and signed as reserved for the physically disabled, conforming to Americans with Disabilities Act as published in the Federal Register July 26, 1991 shall be provided in addition to that required in subsection (1) of this section.

(D) All drives and parking areas shall be surfaced with a smooth all-weather finish. Unsealed gravel shall

not be used.

- (E) Except for lawn or shrubbery which may be used in landscape screening, an unencumbered outdoor area of at least 50 square feet (4.65 square meters) per bed shall be provided for recreational use and shall be so designated on the plot plan. The licensing agency may approve equivalent facilities provided by terraces, roof gardens or similar provisions for facilities located in high density urban areas. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)
- 28-39-162a. Physical environment; general requirements. (a) Except for a detached boiler, equipment room, laundry room, and storage spaces for yard and maintenance equipment and supplies and flammables, all units, areas, and rooms of the facility shall be within a single building under one roof and shall, at a minimum, contain the units, areas, and rooms listed in subsection (b) through (p) of this regulation.
- (b) Nursing unit. A nursing unit shall consist of 60 beds or fewer with the following areas and rooms. Facilities constructed after February 15, 1977 shall have at least 80 percent of the beds located in rooms designed for one and two beds and at least five percent of the beds located in one-bed rooms, each equipped with a private toilet. A nursing unit shall contain the following areas and rooms:

(1) Resident room. Each resident room shall meet the following requirements.

- (A) Each room shall accommodate not more than four residents.
- (B) The minimum room area, exclusive of toilet rooms, closets, lockers, wardrobes, other built-in fixed items, alcoves, or vestibules, shall measure 100 square feet (9.29 square meters) in one-bed rooms and 80 square feet (7.43 square meters) per bed in multi-bed rooms. Facilities licensed prior to January, 1963 shall provide a minimum floor area per bed as follows: one-bed rooms, 90 square feet (8.5 square meters) per bed;

two-bed rooms, 80 square feet (7.43 square meters) per bed; three- to four-bed rooms, 70 square feet (6.4 meters) per bed.

(C) Each resident room shall have direct access to a corridor.

(D) Each bed in a multi-bed room shall have ceiling-suspended curtains, which extend around the bed and in combination with adjacent walls and curtains to provide total visual privacy.

(E) Curtain material shall be launderable and flame

retardant.

(F) Each resident room shall have at least one window which opens for ventilation and egress to the outside. The window area shall not be less than 12 percent of the gross floor area of the resident room. Interior window stool height shall not exceed 3 feet (91.4 centimeters) above the floor and shall be at least 2 feet 6 inches (76.2 centimeters) above exterior grade. Facilities constructed prior to February 15, 1977 are not required to comply with this paragraph.

(G) Each resident room shall have a floor at or above grade level. Facilities constructed prior to the effective date of these regulations are not required to

comply with this paragraph.

- (H) Room configuration shall be adequate to permit the beds to align parallel to the exterior wall with a minimum of 3 feet (91.4 centimeters) clearance from sides and foot of the beds to the nearest fixed obstruction. Room configuration shall be designed so that beds shall not be located more than two deep from the exterior window wall. Facilities constructed prior to February 15, 1977 shall not be required to meet subsection (H).
- (I) Each resident room shall have a separate bed for each resident of appropriate size and height with:

(i) a clean, comfortable mattress; and

(ii) bedding appropriate to the weather and needs of the resident.

(J) Each resident room shall have functional fur-

niture appropriate to the resident's needs.

- (K) An individual space in a fixed closet or wardrobe with doors shall be provided for each bed. Closets shall have, for each bed, minimum floor area of five square feet (46.45 square centimeters), minimum depth of one foot ten inches (55.9 centimeters) and separated shelf and hanging rod of not less than two feet six inches (76.2 centimeters). At least one foot three inches (38.1 centimeters) of the hanging rod shall have sufficient clearance for full length garments. The hanging rods and shelves shall be accessible to the resident. Facilities constructed prior to February 15, 1982 shall provide a fixed closet or wardrobe with a shelf and hanging rod accessible to residents.
- (2) Toilet facility. A toilet room shall not serve more than four beds and shall be accessible without entry from the general corridor. A toilet room shall contain a water closet and a lavatory, unless a lavatory is provided in each resident room.
- (A) The minimum area of the toilet room serving a resident room shall be 30 square feet (2.79 square meters) with sufficient turning radius for a wheelchair.

- (B) If a bathing unit is to be included, additional space shall be provided. Space occupied by the bathing unit shall not be included as the minimum dimensions stated in the regulation.
- (C) Facilities constructed prior to February 15, 1977 shall provide the resident with access to toilet and bathing facilities from the general corridor or direct access from the resident room to toilet and bathing facilities.
- (3) A resident room in facilities constructed after February 15, 1977 shall not be located more than 150 feet (45.72 meters) from the nursing service areas required by K.A.R. 28-39-165 (f). Distance shall be measured from one foot (30.48 centimeters) outside the resident room door along the shortest line, in the general corridor where the resident room appears within one foot of the designated service area.

(4) Resident call system.

- (A) Each resident bed shall be provided with a resident call button which shall register at the nurses' station with a common audible signal and a visual signal. Facilities constructed after February 15, 1977 shall provide a visual signal indicating the resident room number.
- (B) A visual signal shall be located at the resident room corridor door.
- (C) Visual and audible signals shall be provided in clean and soiled workrooms and in the medication preparation rooms. Facilities constructed prior to February 15, 1977 shall not be required to provide audible signals in clean and soiled workrooms and medication preparation rooms.

(D) In multi-corridor units, additional visible signals shall be installed at corridor intersections in fa-

cilities constructed after February 15, 1977.

(E) A resident emergency call button shall be installed next to each toilet, shower, and bathtub accessible to residents.

- (F) The emergency call system shall be operated by a cord pull which when activated turns on a light of a different color from the resident call system, over the corridor door at the site of the emergency in facilities constructed after February 15, 1977.
- (i) When the emergency call system is activated, it shall produce a rapidly flashing light and a repeating audible signal in the nurses station, clean workroom, soiled workroom, and medication preparation rooms.
- (ii) The signals produced by the emergency call system shall be obviously different from that produced by the resident call system.

(iii) The emergency call system will continue to operate until it is manually reset at the site of origin.

- (G) Resident call systems may include two-way voice communication. When a two-way system is used, it shall include all functions required in subsection (4) and shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the value circuit is operating.
- (c) Service areas or rooms. The service areas or rooms required in this rule and regulation shall be located in each nursing unit and shall be accessible directly from the general corridor without passage

through an intervening room or area, except medication preparation rooms. A service area or room shall not serve more than one nursing unit, except as otherwise indicated. The service areas and rooms specified shall provide space and equipment as prescribed in this rule and regulation.

(1) Nurses' station.

(A) A nurses' station shall provide space for charting, records, a telephone, a resident call system and emergency call system signal register for rooms on the

nursing unit.

- (B) The nurses' station shall be located so that the corridors outside the doors of resident rooms are visible from that location. Television cameras and monitors may be used to meet this requirement. Facilities constructed prior to February 15, 1977 are not required to comply with this paragraph.
  - (2) Medication preparation room.

(A) A medication preparation room shall be equipped with:

(i) a work counter lavatory or countertop sink, refrigerator, and shelf space for separate storage and maintenance of residents' medications;

(ii) a door visible from the nurses' station, except

facilities licensed before January, 1963; and

(iii) a door equipped with self-locking hardware and automatic door closures;

- (B) The temperature in the medication room shall not exceed 85°F.
- (C) Lighting shall be sufficient to provide 100 foot candles at counter level.
- (D) The medication preparation room shall contain a separate, locked, permanently affixed compartment for storage of controlled substances listed in schedule II in the Comprehensive Drug Abuse Prevention and Control Act of 1970, in effect on October 1, 1991, and other drugs which in the opinion of the consultant pharmacist are subject to abuse.
- (E) A medicine preparation room may serve more than 60 beds when a self-contained medication dispensing unit is used. The self-contained medication dispensing unit may be located at the nurses station, in the clean workroom, in an alcove, or in other space convenient for staff control.
- (3) Clean workroom. A clean workroom shall be provided for preparation, handling, storage and distribution of clean or sterile materials and supplies.
- (A) The room shall contain a work counter with sink or separate handwashing lavatory and adequate shelving and cabinets for storage.

(B) Storage and preparation of food and beverages shall not be permitted in the clean workroom.

(C) Clean linen supplies may be stored in the clean workroom if sufficient shelving, cabinets, or cart park-

ing space is provided.

- (D) Minimum room area shall be 80 square feet (7.43 square meters), with a minimum length or width of six feet (1.83 meters). Facilities constructed prior to February 15, 1977 are not required to meet this regulation.
- (E) Additional rooms for storage of clean materials or supplies may be provided. These additional rooms

shall not be required to have a counter or handwashing facilities.

- (4) Soiled workroom. A soiled workroom shall be provided for the disposal of wastes, collection of contaminated material, and the cleaning and sanitizing of resident care utensils.
- (A) The soiled workroom shall contain a flushing rim clinic sink with bedpan rinsing device, a work counter, a two-compartment sink, a storage cabinet with a lock for sanitizing solutions and cleaning supplies used in the cleaning of resident care equipment, a covered waste receptacle, and a covered soiled linen receptacle. Facilities constructed prior to February 15, 1977 are required to have a sink.

(B) Minimum room area shall be 80 square feet (7.43 square meters) with a minimum length or width of 6 feet (1.83 meters). Facilities constructed prior to February 15, 1977 are not required to meet this

regulation.

(C) Clean supplies, equipment and materials shall

not be stored in the soiled workroom.

(5) Clean linen storage. Clean linen storage shall be provided, with adequate shelving, cabinets or cart space, and may be located in the clean workroom required in subsection (c)(3) of this regulation.

(6) Nourishment area.

- (A) A nourishment area shall be provided in facilities constructed after February 15, 1977 and shall contain:
  - (i) a sink equipped for handwashing;
- (ii) equipment for serving nourishments between scheduled meals; and

(iii) a refrigerator and storage cabinets.

- (B) The nourishment area may be located adjacent to the dietetic service area.
- (C) One nourishment area may serve more than one nursing unit. When the nourishment area serves more than one nursing unit, it shall be centrally located for easy access from each of the nursing areas served.
- (7) Equipment storage room. An equipment storage room shall be provided in facilities constructed after February 15, 1977 for the storage of resident care equipment.
- (A) The room shall have a minimum space of 120 square feet (1.86 square meters) plus one square foot (929 square centimeters) for each resident bed in the nursing unit.
- (B) If mechanical equipment or electrical panel boxes are located in the storage room, additional space shall be provided for access and servicing of the equipment.
- (8) Wheelchair parking space. Wheelchair parking space shall be provided in facilities constructed after February 15, 1977 and shall be out of the path of normal traffic. The space shall not be included in determining the minimum required corridor width.
- (9) Resident bathing facilities. Resident bathing facilities shall be provided at the rate of one for each 15 beds which are not otherwise serviced by bathing facilities within resident rooms. A mechanical bathing

unit may be counted as two bathing facilities to meet this requirement.

(A) Bathing facilities shall be located in rooms or areas with access to a toilet and lavatory without entering the general corridor system.

(B) The toilet and lavatory shall be accessible to and usable by the physically disabled and may serve phys-

ically disabled visitors.

(C) The toilet enclosure shall be in a visually en-

closed area for privacy in use.

- (D) Bathing facilities on each nursing unit shall include at least one shower and there shall be at least one mechanical bathing unit in the facility. Facilities constructed prior to the effective date of these regulations are not required to have a mechanical bathing unit.
- (E) Each bathing facility shall be located within a visually enclosed area for privacy during bathing, drying and dressing with space for an attendant and wheelchair. Facilities constructed prior to February 15, 1977 are not required to provide space for an attendant.
- (F) Showers shall be at least four feet (1.22 meters) by four feet without curbs, and designed to permit use by a resident in a wheelchair. Facilities constructed prior to February 15, 1977 shall be designed so that showers can be used by a resident in a wheelchair.

(G) A cabinet with a lock shall be provided in the

bathing area for storage of supplies.

(10) Janitor's closet. A janitor's closet, with a floor receptor or service sink, hot and cold water, a shelf and provisions for hanging mops shall be provided. Facilities constructed prior to February 15, 1977 shall provide at least one janitor's closet in the facility with a floor receptor or service sink, and storage space for janitorial equipment and supplies.

(11) Drinking fountain. Each drinking fountain shall be accessible to persons in wheelchairs. Facilities constructed prior to February 15, 1977 are not required

to provide a drinking fountain.

- (12) A staff toilet room with water closet and lavatory shall be provided. Facilities constructed prior to February 15, 1977 are not required to provide a staff toilet room.
  - (d) Living, dining, and recreation areas.
- (1) Space for living, dining, assisted dining and recreation shall be provided at a rate of 27 square feet (2.51 square meters) per resident. At least 14 square feet (1.3 square meters) of this space shall be utilized for dining area.

(2) Facilities constructed prior to February 15, 1977 shall provide space for living, dining, and recreation at a rate of 20 square feet (1.8 square meters) per resident capacity of the facility. At least half of this

space shall be utilized as dining area.

(3) Window area shall be provided for living and dining areas at a minimum of 10 percent gross floor area of the living and dining area. The window area requirement cannot be met by the use of sky lights: Windowsill height shall not exceed 3 feet (91.4 centimeters) above floor for at least one half of the total window area. Facilities constructed prior to February 15, 1977 shall not be required to meet this regulation.

- (e) Quiet room. A quiet room, with a minimum floor area of 80 square feet (7.43 square meters), shall be provided for each facility, unless all rooms in the facility are one bedroom. Residents shall have access to the quiet room for reading, meditation, solitude, or privacy with family and other visitors. Facilities constructed prior to February 15, 1977 shall not be required to provide a quiet room.
- (f) Examination room. An examination room shall be provided unless all resident rooms are one-bed res-

ident rooms.

- (1) One examination room may serve more than one nursing unit.
- (2) Room area shall be a minimum of 120 square feet (11.15 square meters) with a minimum length and width of 10 feet (3.05 meters).
- (3) The room shall contain a lavatory, or counter and sink, equipped for handwashing, an examination table, and a desk or shelf for writing.
- (4) The examination room may be located in the rehabilitation therapy room and shall be equipped with cubicle curtains around the space and facilities listed above
- (5) If the examination room is located in the rehabilitation therapy room, additional space shall be provided appropriate to the functional use of the area.
- (6) Facilities constructed prior to February 15, 1977 shall not be required to provide an examination room.
- (g) Rehabilitation therapy room. A room for the administration and implementation of rehabilitation therapy shall be provided in each facility.

(1) Provision shall be made for a lavatory and en-

closed storage area for therapeutic devices.

(2) A rehabilitation therapy room shall be provided with a minimum of 200 square feet (19 square meters) for facilities of 60 beds or less. Facilities over 60 beds shall provide 200 square feet plus two square feet for each additional bed over 60 to a maximum of 655 square feet.

- (3) Facilities constructed prior to February 15, 1977 shall provide a rehabilitation therapy room. A lavatory and an enclosed storage area for therapeutic devices shall be provided.
- (h) Activities room. An activities room or area shall be provided for crafts and occupational therapy in each facility.
- (1) The room shall contain a work counter with a sink equipped for handwashing.
- (2) When a room is used for multiple purposes, there shall be sufficient space to accommodate all activities and prevent interference between activities.
- (3) Facilities shall provide a room with a minimum of 200 square feet (19 square meters) for facilities of 60 beds or less. Facilities over 60 beds shall provide 200 square feet plus 2 square feet for each additional bed over 60.
- (4) Lockable cabinets shall be provided for storage of supplies.
- (5) Facilities constructed prior to February 15, 1977 shall be required to provide an activities area with a work counter and storage cabinet. A handwashing facility shall be accessible to residents who use this room or area.

- (i) Personal care room. A separate room or area shall be provided for hair care and grooming of residents in each facility.
- (1) At least one shampoo sink, space for one hair dryer and work space, and a lockable cabinet for supplies shall be provided.

(2) Facilities shall provide a room with a size appropriate to the number of residents to be served. Room air shall be exhausted to the outside.

(3) Facilities constructed prior to February 15, 1977 shall provide a separate room or area for hair care and grooming of residents. At least one shampoo sink, space for one hair dryer, and work space shall be provided.

(j) Administrative and public areas.

- (1) Facilities constructed after February 15, 1977 shall provide the following administrative and public areas:
- (A) An entrance at grade level to accommodate persons in wheelchairs;
  - (B) an entrance sheltered from the weather;
- (C) a lobby with communication to the reception area, information desk, or similar provision;
- (D) a toilet and lavatory accessible and usable by a person in a wheelchair;
- (E) at least one public toilet for facilities of 60 beds or less. Facilities of more than 60 beds shall provide at least two public toilets;
- (F) a public telephone accessible to a person in a wheelchair;
  - (G) an administrator's office; and
- (H) storage space for supplies and office equipment.
- (2) Facilities constructed prior to February 15, 1977 shall provide the following administrative and public areas:
- (A) Entrance at grade level able to accommodate persons in wheelchairs;
  - (B) one public toilet and lavatory;
- (C) one toilet and lavatory accessible and usable by a person in a wheelchair;
- (D) a public telephone accessible to use by a person in a wheelchair; and
  - (E) a general office for administration.
  - (k) General storage.
- (1) A general storage room or rooms concentrated in generally one area shall be provided with an area of not less than 5 square feet (9.29 square centimeters) per bed.
- (2) Facilities constructed prior to February 15, 1977 shall be required to provide a general storage room or rooms
- (l) Outside storage. A room shall be provided which opens to the outside or which is located in a detached building for the storage of tools, supplies, and equipment used for yard and exterior maintenance.
  - (m) Dietary areas.
- (1) Dietary service areas shall be provided which area adequate in relation to the size of the facility. New construction, equipment, and installation shall comply with the standards specified in health, education and welfare (HEW) 1981 publication No. FDA

- 78-2082, "Food Service Sanitation Manual." Food service facilities shall be designed and equipped to meet the requirements of the program. A facility shall provide the following elements in a size appropriate to the implementation of the type of food service system employed.
- (A) There shall be a control station for receiving

food supplies.

- (B) There shall be a storage space for food for at least four days.
- (C) There shall be food preparation facilities. Conventional food preparation systems shall include space and equipment for preparing, cooking, baking, and serving. Convenience food service systems, such as frozen prepared meals, bulk packaged entrees, individual packaged portions, or system using contractual commissary services, shall include space and equipment for thawing, portioning, cooking and baking.
- (D) There shall be a two-compartment sink for food preparation. Facilities constructed prior to February 15, 1977 shall be required to have a sink for food preparation.

(Ē) There shall be a lavatory in the food preparation area.

(F) There shall be space for equipment for resident

meal service, tray assembly and distribution.

- (G) There shall be a warewashing area apart from and located to prevent contamination of food preparation and serving areas. The area shall include commercial-type dishwashing equipment. Space shall be provided for receiving, scraping, sorting, and stacking soiled tableware and for transferring clean tableware to the using area.
- (H) There shall be a three-compartment deep sink for manual cleaning and sanitizing.
- (I) Exhaust ventilation for the warewashing room and dietary dry storage area shall conform to K.A.R. 28-39-162c, Table 1.
- (J) There shall be sanitizing provision for cans, carts, and mobile tray conveyors in facilities constructed after February 15, 1977.
- (K) There shall be waste storage area in a separate room or an outside area which is readily accessible for direct pickup or disposal.
- (L) There shall be office workspace for the dietitian or dietetic services supervisor.
- (M) A staff toilet and lavatory shall be accessible to the dietary staff; and
- (N) There shall be a janitor's closet located within the dietary department, which contains a floor receptor or service sink, and storage space for housekeeping equipment and supplies in facilities constructed after February 15, 1977.
  - (n) Onsite laundry.
- (1) If the laundry is to be processed on-site, the following shall be provided in facilities constructed after February 15, 1977.
  - (A) Doors of the laundry rooms shall not open di-

rectly onto the nursing unit.

(B) There shall be a soiled laundry receiving, holding and sorting room accessible from the service cor-

ridor or from the outside and furnished with containers

with tight fitting lids for soiled laundry.

(C) There shall be a laundry processing room with commercial-type equipment and with the capability to process laundry sufficient to meet the residents' needs at all times.

- (D) A lavatory shall be provided in the processing area.
- (E) There shall be a janitor's closet containing a floor receptor or service sink and storage area for housekeeping equipment and supplies which opens into the laundry processing area.

(F) There shall be a clean laundry handling, storage, issuing, mending and holding room with egress which does not require passing through the processing

or soiled laundry room.

(G) Physical separation shall be provided between the processing room, soiled laundry room and clean laundry room.

(H) There shall be storage space provided for laun-

dry supplies.

(I) Exhaust ventilation shall conform to K.A.R. 28-39-162c, Table 1.

(2) If laundry services are on-site in facilities constructed prior to February 15, 1982, the following shall be provided:

- (Å) A laundry processing room with space for receiving, holding, and sorting soiled laundry, with equipment capable of processing seven days' laundry needs within a regularly scheduled work week. Functional separation shall be provided between soiled and clean laundry;
- (B) a space for holding soiled laundry which is exhausted to the outside;
- (C) handwashing facilities within the laundry area;and
  - (D) clean laundry processing and storage rooms.
- (3) If laundry is to be processed off-site, the following shall be provided:
- (A) A soiled laundry holding room equipped with containers with tight fitting lids and that is exhausted to the outside; and
- (B) clean laundry receiving, holding, inspection, and storage rooms.
- (o) Employees service areas. Facilities constructed after February 15, 1977 shall provide locker rooms, lounges, toilets or showers to accommodate the needs of all personnel and volunteers in addition to those required for certain departments.
- (p) Janitor's closets. In addition to the janitor's closets required in subsections (c)(10) and (m)(1)(N), sufficient janitor's closets shall be provided throughout the facility to maintain a clean and sanitary environment.
- (1) Each janitor's closet shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.
- (2) Facilities constructed prior to February 15, 1977 shall be required to have at least one janitor's closet.
- (q) Engineering service and equipment areas. Facilities constructed after February 15, 1977 shall be equipped with the following areas:

(1) A maintenance office and shop;

(2) an equipment room or separate building for boilers, mechanical equipment and electrical equipment; and

(3) a storage room for building maintenance supplies. The storage room may be a part of the main-

tenance shop in facilities of 120 beds or less.

(r) Waste processing services. Space and equipment shall be provided for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, removal or by a combination of these techniques. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)

## 28-39-162b. Physical environment; details and finishes. (a) Details.

- (1) If rooms containing bathing facilities, toilets or lavatories are furnished with doors having locking hardware, the doors shall be capable of being opened from the outside.
- (2) All rooms containing bathtubs, sitz baths, showers or water closets subject to occupancy by residents, shall be equipped with doors and hardware which will permit access from outside the room in any emergency.
- (3) The doors to all bathing and toileting rooms with direct access from a resident bedroom shall be capable of opening outward or be designed to allow ingress to the room without the need to push against a resident who may have collapsed in the room.

(4) The minimum width of all doors to rooms needing access for beds or stretchers shall be three feet

eight inches (111.7 centimeters).

(5) Doors to resident toilet rooms and other rooms needing access for wheelchairs shall have a minimum width of three feet (91.4 centimeters).

(6) Doors on all openings between corridors and spaces subject to occupancy, except elevator doors,

shall be swing-type.

- (7) A maximum of five percent of doors from resident bedrooms to the corridor may be "dutch door" cut for physician-prescribed control of disoriented residents. The doors shall meet the requirements for dutch doors prescribed by the national fire protection association, 101, "Life Safety Code" 1991 edition.
- (8) The minimum width of corridors in all resident use areas shall be eight feet (2.44 meters). The minimum clear width of corridors in service areas shall be six feet (1.82 meters).
- (9) Windows and outer doors which may be left in an open position shall be provided with insect screens. Windows shall be designed to prevent accidental falls when open or shall be equipped with security screens.

(10) Doors shall not swing into corridors except doors to spaces such as small closets which are not subject to occupancy. Large walk-in closets shall be

considered occupiable spaces.

(11) Doors, sidelights, borrowed lights, and windows in which the glazing is within eighteen inches (46 centimeters) of the floor, thereby creating the possibility of accidental breakage by pedestrian traffic, shall be glazed with safety glass, wire glass or plastic glazing material that will resist breaking and will not create dangerous cutting edges if broken. Similar ma-

terials shall be used in wall openings of recreation rooms and exercise rooms unless required otherwise for fire safety.

(12) Safety glass or plastic glazing materials as described in (w) (11) of this regulation shall be used for shower doors and bath enclosures.

(13) Grab bars shall be provided at all residents' toilets, showers, tubs and sitz baths.

(A) The bars shall have one and one half inches (3.8 centimeters) clearance to walls and shall have sufficient strength and anchorage to sustain a concentrated load of 250 pounds (113.4 kilograms).

(B) Ends of grab bars shall be returned to the wall

at each termination.

(14) If soap dishes are provided in showers and bathrooms they shall be recessed.

(15) Handrails shall be provided on both sides of corridors used by residents.

- (A) A clear distance of one and one half inches (3.8) centimeters) shall be provided between the handrail
- (B) Ends of handrails shall be returned to the wall at each termination.
- (C) Handrails shall not be considered an obstruction in measuring the clear width of corridors.
- (16) Enclosed single-issue paper towel dispensers or mechanical hand drying devices shall be provided at all lavatories.
- (17) Ceiling heights in facilities constructed after February 15, 1977 shall meet the following requirements.
- (A) Boiler rooms shall have ceiling clearances not less than two feet six inches (76 centimeters) above the main boiler header and connecting piping.

(B) Rooms containing ceiling-mounted equipment shall be of sufficient height to accommodate the proper functioning, repair, and servicing of the equipment.

- (C) All other rooms shall have a ceiling height of not less than eight feet (2.44 meters), except that corridors, storage rooms, toilet rooms, and other minor rooms may not be less than seven feet eight inches (2.34 meters) in height. Suspended tracks, rails, and pipes located in the path of normal traffic shall be not less than six feet eight inches (2.03 meters) above the
- (18) Recreation rooms, exercise rooms, and similar spaces where impact noises may be generated shall not be located directly over resident bed areas, unless special provisions are made to minimize these noises. This regulation does not apply to facilities constructed prior to February 15, 1977.

(19) Suspended tracks, rails, and pipes located in the path of normal traffic shall be not less than six feet

eight inches (2.03 meters) above the floor.

- (20) Rooms containing heat-producing equipment, such as boiler or heater rooms and laundries, shall be insulated and ventilated to prevent any floor surface above the area from exceeding a temperature of 10° F (6° C) above the ambient room temperature.
- (21) Sound transmissions criteria for partitions, floors and ceiling construction in resident areas shall meet the requirements as prescribed in "Guidelines for Construction and Equipment of Hospitals and Medical

Facilities," published in 1993 by the American Institute of Architects Press, Section 7.28, Table 1. This regulation applies to facilities constructed after May 1, 1982.

(b) Finishes.

(1) Facilities constructed after February 15, 1977 shall have finishes which meet the following requirements.

(A) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. Floors in areas used for food preparation or food assembly shall be water-resistant and grease-proof.

(B) Joints in tile and similar material in food areas

shall be resistant to food acids.

(C) In areas subject to frequent wet cleaning methods, floor materials shall not be physically affected by germicidal and cleaning solutions.

(D) Floors that are subject to traffic while wet, such as showers and bath areas, kitchens and similar work

areas, shall have a non-slip surface.

- (E) Wall bases in kitchens, soiled workrooms, soiled utility rooms, janitor's closets, laundries, and resident bathrooms shall be made integral and coved with the floor, tightly sealed, and constructed without voids that can harbor insects.
- (F) Wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant. Finish, trim, and wall and floor construction in dietary and food preparation areas shall be free from spaces that can harbor rodents and
- (G) Floor, wall and ceiling penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.
- (H) Ceilings shall be easily cleanable. Ceilings in the dietary, food preparation and food storage areas shall be washable and shall have a finished ceiling covering all overhead pipes and duct work. Finished ceilings may be omitted in mechanical and equipment spaces, shops, general storage areas, and similar spaces unless required for fire protection purposes.

(I) Sound absorbing materials for ceilings and/or walls and floors shall be provided for corridors in resident areas, nurses' stations, day rooms, recreation

rooms, dining areas and waiting areas.

(2) Facilities constructed prior to February 15, 1977 shall meet the following requirements.

- (A) Wall bases in kitchens, soiled workrooms, and other areas which are frequently subject to wet cleaning methods shall be tightly sealed, and constructed without voids that can harbor insects.
- (B) Wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture-resistant. Finish, trim, wall, and floor construction in dietary and food preparation areas shall be free from spaces that can harbor rodents and
- (C) Floor and wall penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

- (D) Ceilings in the dietary, food preparation and food storage areas shall be cleanable by dustless methods such as vacuum cleaning or wet cleaning. These areas shall not have exposed or unprotected sewer lines. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)
- **28-39-162e.** Physical environment; mechanical and electrical requirements. (a) Freestanding buildings. Separate freestanding buildings housing the boiler plant, laundry, shops or general storage may be of unprotected noncombustible construction, protected noncombustible construction, or fire-resistive construction.
- (b) Elevators. Buildings which provide residents' services or critical or treatment services located on other than the main entrance floor shall have electric or electrohydraulic elevators as prescribed below:
- (1) The number of elevators shall be determined as follows:
- (A) At least one hospital-type elevator shall be installed where one to 60 resident beds are located on floors other than the main entrance floor.
- (B) At least two elevators, one of which shall be hospital-type, shall be installed where 61 to 200 residents are located on floors other than the main entrance floor or where the major resident services are located on a floor other than those containing resident bedrooms. Elevator service may be reduced for those floors which provide only partial resident services.
- (C) At least three elevators, one of which shall be hospital-type, shall be installed where 201 to 350 resident bedrooms are located on floors other than the main entrance floor or where the major resident services are located on a floor other than those containing resident bedrooms. Elevator service may be reduced for those floors which provide only partial resident services.
- (D) For facilities with more than 350 resident beds, the number of elevators shall be determined by the licensing agency from a study of the facility plan and the estimated vertical transportation requirements.
- (2) Cars of hospital-type elevators shall have inside dimensions that will accommodate a resident bed and two attendants and shall be at least five feet (1.52 meters) wide by seven feet six inches (2.29 meters) deep. The car door shall have a clear opening of not less than three feet eight inches (1.12 meters).
- (3) Elevators shall be equipped with an automatic leveling device. The device shall have a two-way automatic maintaining feature with an accuracy of ½ inch (1.3 centimeters).
- (4) Each elevator, except freight elevators, shall be equipped with a two-way special service switch to permit cars to bypass all landing button calls and be dispatched directly to any floor.
- (5) Elevator controls, alarm buttons, and telephones shall be accessible to persons using a wheelchair.
- (6) Heat or smoke-activated elevator call buttons, controls and door safety stops shall not be used.
- (e) Inspections and tests. Inspections and tests shall be made of mechanical equipment and the owner shall be furnished written certification that the installation

- meets the requirements set forth in K.A.R. 28-39-162c and all applicable safety regulations and codes.
- (1) Mechanical requirements. The facility shall meet mechanical requirements which ensure the safety, comfort, and convenience of residents and other occupants.
- (A) Testing and documentation in facilities constructed or modified on or after May 1, 1982.
- (i) Before completion and acceptance by the facility, all mechanical systems shall be tested, balanced, and operated to demonstrate to the owner or representative of the owner that the installation and performance of the systems conform to the requirements of the plans and specifications.
- (ii) Upon completion of the contract, the owner shall have a complete set of manufacturer's operating, maintenance, and preventive maintenance instructions, parts list with numbers, and description for each piece of equipment.
- (iii) The owner shall have complete instructions in the use of systems and equipment.
- (B) Facilities constructed or modified before May 1, 1982 shall not be required to provide evidence of testing and documentation of mechanical equipment installed prior to May 1, 1992.
  - (d) Thermal and acoustical insulation.
- (1) Thermal or acoustical insulation shall be provided for the following within the building for facilities constructed after February 15, 1982:
  - (A) Boilers, smoke breeching, and stacks;
  - (B) steam supply and condensate return piping;
- (C) piping for water 120°F (49°C) or above, and all hot water heaters, generators, and converters;
- (D) chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point;
- (E) water supply and drainage piping on which condensation may occur; and
- (F) air ducts and casing with outside surface temperatures below ambient dew point.
- (2) Insulation may be omitted from hot water and steam condensate piping not subject to contact by residents.
- (3) Linings in air ducts and equipment in facilities constructed after February 15, 1982 shall meet erosion test methods prescribed in Underwriter's Laboratories publication No. 181, "Factory Made Air Duct Material and Air Duct Connectors."
- (4) Facilities constructed prior to May 1, 1982 shall provide thermal insulation on all ducts, pipes and equipment having outside surface temperatures below ambient dew point when in use and shall include an exterior vapor barrier.
- (i) Insulation shall be installed on all hot water and steam condensate piping that is subject to contact by residents.
- (ii) Insulation or cold surfaces shall include an exterior vapor barrier.
  - (e) Steam and hot water systems.
- (1) Boilers shall have the capacity to supply the normal requirements of all systems and equipment based upon the net ratings established in Boiler Ratings and

Efficiencies, January 1, 1992, published by the Hydronics Institute.

(2) The number and arrangement of boilers shall be such that when one boiler breaks down or routine maintenance requires that one boiler be temporarily taken out of service, the capacity of the remaining boiler or boilers shall be at least 70 percent of the total required capacity, except that in areas with a design temperature of 20°F (-7°C) or more, the remaining boiler or boilers shall not be required to include boiler capacity for space heating;

(3) Boiler feed pumps, heating circulating pumps, condensate return pumps, and fuel oil pumps shall be connected and installed to provide normal and standby

service; and

(4) Supply and return mains of cooling, heating, and process systems shall be valved as required to isolate major sections of each system. Pieces of equipment shall be provided with isolation valves to allow removal of equipment without interfering with the operation of the remainder of the system.

(5) Facilities constructed prior to February 15, 1977 are not required to comply with K.A.R. 28-39-162c (e).

(f) Heating, air-conditioning, and ventilation systems.

(1) Heating, air-conditioning, and ventilation system design specifications for facilities constructed after February 15, 1982 shall be as follows.

(A) The system shall be designed to maintain a year-round indoor temperature range in resident care areas of 70°F (21°C) to 85°F (29°C) with a relative humidity range of 30 to 60 percent. The winter outside design temperature of the facility shall be -10°F (-23°C) dry bulb and the summer outside design temperature of the facility shall be 100°F (38°C) dry bulb.

(B) All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown in Table 1 below shall be the minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates. The system shall meet the following requirements:

(i) Outdoor air intakes shall be located as far as practical and not less than 25 feet (7.62 meters), from exhaust, outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vent stacks, or from areas which may collect vehicular exhaust or other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical, and not less than six feet (1.83 meters) above ground level, or if installed above the roof, not less than three feet (91 centimeters) above roof level.

(ii) The ventilation system shall be designed to provide the pressure relationship shown in Table 1 below.

Table 1
Pressure Relationships and Ventilation of Certain Areas
Long Term Care Facilities

Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour Supplied to Room	Minimum Total Air Changes Per Hour Supplied to Room	All Air Exhausted Directly to Outdoors	Recirculated Within Room Units
Resident Room	Equal	2	2	Optional	Optional
Resident Area Corridor	Equal	Optional	2	Optional	Optional
Examination and Treatment Room	Equal	2	6	Optional	Optional
Physical Therapy	Negative	2	6	Optional	Optional
Activities Room	Negative	2	6	Optional	Optional
Soiled Workroom	Negative	2	10	Yes	No
Medicine Preparation and				A. Bright St.	
Clean Workroom	Positive	2	4	Optional	Optional
Toilet Room	Negative	Optional	10	Yes	No
Bathroom	Negative	Optional	10	Yes	No
Janitors' Closets	Negative	Optional	10	Yes	No
Linen and Trash Chute Rooms	Negative	Optional	10	Yes	No
Food Preparation Center	Equal	· 2	10	Yes	No
Warewashing Room	Negative	Optional	10	Yes	No
Dietary Dry Storage	Equal	Optional	2	Yes	No
Laundry, Processing Room	Equal	2 -	10	Yes	No
Soiled Linen Sorting and Storage	Negative	Optional	10	Yes	No
Clean Linen Storage	Positive	Optional	2	Optional	Optional
Personal Care Room	Negative	2	6	Yes	No
Designated Smoking Area	Negative	Optional	20	Yes	No

(iii) The bottoms of ventilation openings shall be not less than three inches (7.6 centimeters) above the floor of any room.

(iv) Corridors shall not be used to supply air to, or exhaust air from, any room except that air from corridors may be used to ventilate bathrooms, toilet rooms, janitors' closets and small electrical or telephone closets opening directly on corridors.

(v) All central ventilation or air-conditioning systems shall be equipped with filters having minimum efficiencies of twenty-five (25) percent. All filter efficiencies shall be average dust spot efficiencies tested in accordance with American Society of Heating, Refrigeration, and Air-Conditioning Engineers (ASHRAE), standard 52-76, as in effect on July 1, 1981. Filter frames shall be duritured

and carefully dimensioned and shall provide an air-tight fit with the enclosing ductwork. All joints between filter segments and the enclosing ductwork shall be gasketed or sealed to provide a positive seal against air leakage.

(vi) Air handling duct systems shall meet the requirements of the National Fire Protection Association (NFPA) standard 90 A, as in effect on January 1, 1993.

- (vii) Fire and smoke dampers shall be constructed, located, and installed in accordance with the requirements of National Fire Protection Association (NFPA) standard 90 A, as in effect on September 1, 1981, except that all systems, regardless of size, which serve more than one smoke or fire zone, shall be equipped with smoke detectors which shut down fans automatically as delineated in paragraph 1003 of that standard. Access for maintenance shall be provided at all dampers. Supply and exhaust ducts which pass through a required smoke barrier and through which smoke can be transferred to another area shall be provided with dampers at the barrier, controlled to close automatically to prevent flow of air or smoke in either direction when the fan which moves the air through the duct stops. Dampers shall be equipped with remote control reset devices except that manual reopening shall be permitted if dampers are conveniently located.
- (viii) A return air duct which passes through a required smoke barrier shall be provided with a damper at the barrier which is actuated by a detector of smoke or products of combustion other than heat. The damper shall also be operated by detectors used to actuate door closing devices in the smoke partition or by detectors located to sense smoke in the return air duct from the smoke zone.
- (ix) Exhaust hoods in food preparation areas shall have a minimum exhaust rate of 50 cfm per square foot (.025 cubic meters per second per square meter) of face area. Face area shall be the open area from the exposed perimeter of the hood to the average perimeter of the cooking surfaces. Hoods over cooking ranges shall be equipped with grease filters and fire extinguishing systems. Clean-out openings shall be provided every 20 feet (6.10 meters) or less in horizontal exhaust duct systems serving these hoods.

(C) Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and to limit temperatures in working stations to not more than 97°F (36°C) effective temperature (E.T.)

- (D) Air handling units shall be located to permit access for service and filter maintenance. Mechanically operated air handling units shall not be located in attics, interstitial space above ceilings, or other difficult access areas.
- (2) Heating, air-conditioning, and ventilating systems in facilities constructed prior to February 15, 1977 shall meet the following requirements.
- (A) The system shall be designed to maintain a year-round indoor temperature range in resident care areas of 70°F (21°C) to 81°F (26°C) with a relative humidity range of 30 to 60 percent. The winter outside design temperature of the facility shall be -10°F (-23°C) dry bulb and the summer outside design temperature of the facility shall be 100°F (38°C) dry bulb.

- (B) Insulation shall be installed on all hot water and steam condensate piping that is subject to contact by residents.
  - (g) Plumbing and piping systems.
- (1) Plumbing and piping systems in facilities constructed prior to February 15, 1977 shall meet the following requirements.
- (A) The material used for plumbing fixtures shall be
- of non-absorptive, acid-resistant material.

  (B) The water supply spout for lavatories and sinks required in resident care areas shall be mounted so that the discharge point is a minimum distance of five
- inches (12.7 centimeters) above the rim of the fixture. (C) The water supply spout for lavatories and sinks used by medical and nursing staff shall be trimmed with a valve which can be operated without the use of hands. Where blade handles are used, the blades shall not exceed six inches (15.2 centimeters) on clinical sinks and 4½ inches (11.4 centimeters) in all other areas. This requirement does not apply to lavatories in resident bed rooms and toilet rooms.
- (D) Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.
- (E) Shower bases and tubs shall provide non-slip surfaces.
- (F) Water supply systems shall meet the following requirements.
- (i) Systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods.
- (ii) Water service mains, branch mains, risers, and branches to groups of fixtures shall be valved. Stop valves shall be provided at fixtures.
- (iii) Backflow prevention devices or vacuum breakers shall be installed on hose bibbs, janitors' sinks, bedpan flushing attachments and on fixtures to which hoses or tubing can be attached. No hose end shall be closer than one inch of overflow level.
- (iv) Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.
- (v) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. A maximum variation of 98°F (35°C) to 115°F (46°C) shall be acceptable at shower, bathing and lavatories in resident use areas.
- (G) Hot water heating equipment shall have sufficient capacity to supply hot water at temperatures and amounts indicated below. Water temperature shall be measured at the hot water point of use or at the inlet to processing equipment.

The second secon	Clinical	Dietary	Laundry
Gallons per hour		<del></del>	, •
per bed	6.5	4	4.5
Temperature (°F)	115 (Maximum)	140 (Minimum)	160 (Minimum)
Temperature (°C)	46	60	71

- (H) Building sewers shall discharge into a community sewerage system or a sewerage system having a permit from the department of health and environment.
- (2) Facilities constructed prior to February 15, 1977 shall comply with the requirements found in paragraph (g) (1) (E) and (F) of this regulation.

(h) Electrical requirements. Each facility shall meet electrical requirements which ensure the safety, comfort and convenience of residents and other occupants.

(1) Facilities constructed after February 15, 1977 shall

comply with the following requirements.

(A) All materials including equipment, conductors, controls and signaling devices shall be installed to provide a complete electrical system with the characteristics and capacity to supply electricity to the electrical equipment shown in the specifications or indicated on the plans. All materials shall be listed as complying with available standards of Underwriters' Laboratories, Inc. or other nationally recognized testing laboratories.

(B) Switchboards and power panels.

(i) Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panelboards shall be enclosed or guarded to provide a dead-front type of assembly.

(ii) The main switchboard shall be located in a sep-

arate enclosure.

(iii) Switchboards, power panels, safety switches, panelboards, and other electrical distribution equipment shall be located in spaces accessible only to facility authorized persons, or shall have locking fronts.

(iv) Switchboards shall be convenient for use, readily accessible for maintenance, clear of traffic lanes and in dry ventilated space, free of corrosive fumes or gases.

(v) Overload protective devices shall be suitable for operating properly in ambient temperature conditions.

(C) Panelboards. Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This requirement does not apply to emergency system circuits.

(D) Lighting.

(i) Each space occupied by persons, machinery, equipment within the buildings, and approaches to buildings and parking lots shall have lighting.

(ii) Resident rooms shall have general lighting and night lighting. A reading light shall be provided for each resident. At least one light fixture for night lighting shall be switched at the entrance to the residents' room. All switches for control of lighting in resident areas shall be of the quiet operating type.

(iii) Minimum lighting intensity levels shall be as

required in Table 2 below.

- (iv) Portable lamps shall not be an acceptable light source except as specifically permitted in Table 2
- (v) Corridors and stairways shall remain lighted at all times.
- (vi) Each light located in an area accessible to a resident shall be equipped with a shade, globe, grid or glass panel.

(E) Receptacles.

(i) Each resident room, at a minimum, shall have the following duplex-grounding type receptacles or convenience outlets: one receptacle at each side of the head of each bed, one receptacle for television and one receptacle on another wall.

- (ii) Duplex receptacles for general use shall be installed approximately 50 feet (15.24 meters) apart in all corridors and a maximum of 25 feet (7.62 meters) from the ends of corridors.
- (F) Equipment installation in hydrotherapy areas. The electrical circuit or circuits to fixed or portable equipment in hydrotherapy units shall be provided with five milliampere ground fault interrupters.

(2) Facilities constructed prior to February 15, 1977 shall meet the following electrical requirements.

(A) Each space occupied by persons, machinery, equipment within the buildings, and approaches to buildings, and parking lots shall have lighting.

(B) Resident bedrooms shall have general lighting and night lighting. A reading light shall be provided

for each resident.

(C) Minimum lighting intensity levels shall be as re-

quired in Table 2 below.

(D) Portable lamps shall not be an acceptable light source except as specifically permitted in Table 2 below.

> Table 2 Artificial Light Requirements

Place	Light Measured in Foot Candles	
Kitchen and other food preparation and		
serving areas	70	Counter level
Dining room	25	Table level
Living room and/or recreation room		
General Reading and other	15	Three feet above floor
specialized areas (may be portable lamp)	50	Chair or table level
Nurse's station and office General Desk and charts Clean workroom Medication room	20 50 30 100	Three feet above floor Desk level Counter level Counter level
Central bath and showers	30	Three feet above floor
Resident's room General Bed	10 30	Three feet above floor Mattress top level, at bed wall to 3'-0" out from bed wall.
Laundry	30	Three feet above floor
Janitor's closet	15	Three feet above floor
Storage room General	5	Three feet above floor
Disinfectant or cleaning agent storage area	15	Three feet above floor
Corridors	10	Floor level
Stairways	20	Step level
Exits	5	Floor level
Heating plant space	5	Floor level

(E) Corridors and stairways shall remain lighted at all times.

(F) Each light located in an area accessible to a resident shall be equipped with a shade, globe, grid, or glass panel.

(G) Resident rooms shall have at least one duplex-grounding type receptacle.

(H) The electrical circuit or circuits to fixed or portable equipment in hydrotherapy units shall be provided with five milliampere ground fault interrupters.

(i) Emergency power. An emergency electrical power system shall supply power adequate for:

(1) Lighting all emergency entrances and exits, exit signs and exit directional lights;

(2) equipment to maintain the fire detection, fire alarm, and fire extinguishing systems;

(3) exterior door monitors;

(4) life support systems in the event the normal electrical supply is interrupted. When life support systems are used, the facility shall provide emergency electrical power with an emergency generator as defined in National Fire Protection Association 99, Health Care Facilities, 1993, that is located on the premises;

(5) a resident call system;

(6) elevator service capable of reaching all resident floors when resident rooms are located on other than the ground floor. Throwover capability shall be provided to allow temporary operation of elevators for release of persons trapped between floors;

(7) a fire pump, if installed;

(8) general illumination and selected receptacles in the vicinity of the generator set; and

(9) a paging or speaker system if intended for com-

munication during emergency.

- (j) Emergency lighting shall be in operation within 10 seconds after the interruption of normal electrical power supply. Emergency service to receptacles and equipment may be delayed automatic or manually connected. Receptacles connected to emergency power shall be distinctly marked. Fuel storage for the generating unit shall be provided in compliance with regulations of the Environmental Protection Agency and the Kansas department of health and environment unless the unit is operated by fuel which is normally piped underground to the site from a utility distribution system.
- (k) Space and equipment. The facility shall provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by these regulations and as identified in each resident's plan of care.
- (l) Exterior door monitors. All exterior doors accessible to residents shall be equipped with an electrical signal system or devices to alert personnel at the nurses' station nearest the exterior door.
- (1) The alarm system shall remain activated until manually reset.
- (2) The system may be operated to permit total or selective disabling of the monitors during daylight hours when there is visual control of the exit by facility staff.
- (m) If ice is physically accessible to residents at any location in the facility, it shall be provided by units which dispense ice directly into a container.
  - (n) Preventive maintenance program.

- (1) The facility shall implement a preventive maintenance program to ensure that:
- (A) Electrical and mechanical equipment is maintained in good operating condition;
- (B) the interior and exterior of the building is safe, clean and orderly; and
- (C) resident care equipment is maintained in a safe, operating and sanitary condition.
- (o) Building and equipment supplies shall be stored in areas not accessible to residents.

(p) Housekeeping services.

- (1) Housekeeping services shall be provided to maintain a safe, sanitary and comfortable environment for residents, and to help prevent the development or transmission of infections.
- (2) The facility shall be kept free of insects, rodents, and vermin.
- (3) The grounds shall be free from accumulation of rubbish and other health or safety hazards.
- (4) Wastebaskets shall be located at all lavatories. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)
- **28-39-163.** Administration. A facility shall be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(a) Governing body.

(1) Each facility shall have a governing body or shall designate a group of people to function as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility.

(2) The governing body shall appoint an adminis-

trator who is:

(A) Licensed by the state;(B) employed full-time; and

(C) has full authority and responsibility for the operation of the facility and compliance with licensing requirements.

(3) The licensee shall adopt a written position description for the administrator which includes respon-

sibility for:

(A) Planning, organizing, and directing the operation of the facility;

(B) implementing operational policies and proce-

dures for the facility; and

(C) authorizing, in writing, a responsible employee eighteen years old or older to act on the administrator's behalf in the administrator's absence.

(b) Policies and procedures.

- (1) Each licensee shall adopt and enforce written policies and procedures to ensure that:
- (A) Each resident attains or maintains the highest practicable physical, mental and psychosocial wellbeing;
- (B) residents are protected from abuse, neglect or exploitation; and

(C) rights of residents are proactively assured.

(2) All policies and procedures of the facility shall be revised as necessary and reviewed at least annually; and (3) Policies and procedures shall be available to staff at all times. Policies and procedures shall be available, on request, to all persons during normal business hours. A notice of availability shall be posted in a readily accessible place for residents.

(c) Power of attorney and guardianship. A power of attorney, a durable power of attorney for health care decisions or legal guardianship or conservatorship shall not be accepted by anyone employed by or having a financial interest in the facility unless the person is related by marriage or blood within the second degree to the resident.

(d) Reports. Each administrator shall submit to the licensing agency, not later than ten days following the period covered, a semi-annual report of residents and employees. The report shall be submitted on forms provided by the licensing agency. The administrator shall submit any other reports as required by the licensing agency.

(e) Telephone. The facility shall maintain at least one non-coin-operated telephone accessible to residents and employees on each nursing unit for use in emergencies. Names and telephone numbers of persons or places commonly required in emergencies shall be posted adjacent to this telephone.

(f) Smoking. If smoking is permitted, there shall be

designated smoking areas.

- (1) The designated areas shall not infringe on the rights of non-smokers to reside in a smoke-free environment.
- (2) Areas designated as smoking areas shall be provided both inside and outside the building.

(g) Staff development and personnel policies.

(1) The facility shall provide regular performance review and inservice education of all employees to ensure that the services and procedures assist residents to attain and maintain their highest practicable level of physical, mental and psychosocial functioning;

(A) The facility shall regularly conduct and document an orientation program for all new employees.

(B) Orientation of direct care staff shall include review of the facility's policies and procedures and evaluation of the competency of the direct care staff to perform assigned procedures safely and competently.

(C) Regular, planned inservice education shall be

provided for all staff.

- (i) The inservice program shall provide all employees training in fire prevention and safety, disaster procedures, accident prevention, resident rights, psychosocial needs of residents and infection control.
- (ii) Direct care staff shall be provided inservice education in techniques which assist residents to function at their highest practicable physical, mental and psychosocial level.
- (iii) Direct care staff shall participate in at least 12 hours of inservice education a year. All other staff shall participate in at least eight hours of inservice education a year.
- (iv) Documentation shall be maintained of inservice education offerings. Documentation shall include a content outline, resume of the presenter and record of staff in attendance.

(v) Attendance at inservice education shall be maintained in the employee record of each staff member.

(h) Professional staff qualifications.

(1) The facility shall employ on a full-time, part-time or consultant basis those professionals necessary to carry out the requirements of these regulations.

(2) Evidence of licensure, certification or registration of full-time, part-time and consultant professional staff

shall be documented in employee records.

(3) A health screening including tuberculosis testing shall be performed on each employee prior to employment or not later than seven days after employment.

(i) Use of outside resources.

(1) Arrangements or agreements pertaining to services furnished by outside resources shall specify in writing that the facility assumes responsibility for:

(A) Obtaining services that meet professional standards and principles that apply to professionals pro-

viding services; and

(B) assuring the timeliness of the services.

(j) Medical director.

- (1) The facility shall designate a physician to serve as medical director.
  - (2) The medical director shall be responsible for:
- (A) Implementation of resident care policies which reflect accepted standards of practice;
  - (B) coordination of medical care in the facility; and
- (C) provision of consultation to the facility staff on issues related to medical care of residents.

(k) Laboratory services.

- (1) The facility shall provide or obtain clinical laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.
- (A) If the facility provides its own clinical laboratory services:
- (i) the services shall meet applicable statutory and regulatory requirements for a clinical laboratory;
- (ii) the facility staff shall follow manufacturer's in-
- structions for performance of the test; (iii) the facility shall maintain a record of all controls performed and all results of tests performed on resi-
- dents; and
  (iv) the facility shall ensure that staff who perform
  laboratory tests do so in a competent and accurate
- (B) If the facility does not provide the laboratory services needed by its residents, the facility shall have written arrangements for obtaining these services from a laboratory as required in CFR 483.75 (1).

(C) All laboratory services shall be provided only on

the order of a physician.

- (D) The physician ordering the laboratory service shall be notified promptly of the findings by facility staff. Signed and dated clinical reports of the laboratory findings shall be documented in the resident's clinical record.
- (E) The facility shall assist the resident, if necessary, in arranging transportation to and from the source of laboratory services.

(1) Radiology and other diagnostic services.

(1) The facility shall provide or obtain radiology and other diagnostic services to meet the needs of its residents.

(A) If the facility provides its own radiology and diagnostic services, the services shall meet applicable statutory and regulatory requirements for radiology and other diagnostic services.

(B) If the facility does not provide the radiology and diagnostic services needed by its residents, the facility shall have written arrangements for obtaining these services from a licensed provider or supplier.

(C) All radiology and diagnostic services shall be

provided only on the order of a physician.

- (D) The physician ordering the radiology or diagnostic services shall be notified promptly by the facility of the findings. Signed and dated clinical reports of the radiological or diagnostic findings shall be documented in the resident's clinical record.
- (E) The facility shall assist the resident, if necessary, in arranging transportation to and from the source of radiology or diagnostic services.

(m) Clinical records.

(1) The facility shall maintain clinical records on each resident in accordance with accepted professional standards and practices that are:

(A) Complete;

(B) accurately documented; and (C) systematically organized.

(2) Clinical records shall be retained for:

(A) A minimum of five years following the discharge or death of a resident; or

(B) for a minor, five years after the resident reaches eighteen years of age.

(3) Resident records shall be the property of the

facility.

- (4) The facility shall keep confidential all information in the resident's records, regardless of the form or storage method of the records, except when release is required by:
  - (A) Transfer to another health care institution;

(B) law;

(C) third party payment contract; or

(D) the resident or legal representative.

(5) The facility shall safeguard clinical record information against loss, destruction, fire, theft or unauthorized use.

(6) The clinical record shall contain:

- (A) Sufficient information to identify the resident;
- (B) a record of the resident's assessments;

(C) admission information;

(D) the plan of care and services provided;

- (E) a discharge summary or report from the attending physician and a transfer form after a resident is hospitalized or transferred from another health care institution;
  - (F) physician's orders;

(G) medical history;

- (H) reports of treatments and services provided by facility staff and consultants;
- (I) records of drugs, biologicals and treatments administered; and

- (J) documentation of all incidents, symptoms and other indications of illness or injury including date, time of occurrence, action taken and results of action.
- (7) All documentation entered or directed to be entered in the clinical record by a physician shall be signed by the physician.

(8) Documentation by direct care staff shall:

- (A) List drugs, biologicals and treatments administered to each resident;
- (B) be an accurate and functional representation of the actual experience of the resident in the facility;

(C) be written in chronological order and signed and dated by the staff person making the entry;

- (D) include the resident's response to changes in condition with follow-up documentation which describes the resident's response to the interventions provided; and
- (E) not include erasures or use of white-out. Errors shall be lined through and the word "error" added. Errors shall be signed and dated by the staff person making the correction. Entries shall not be recopied.

(9) Clinical record staff.

(A) Overall supervisory responsibility for maintaining the residents clinical records shall be assigned to a specific staff person. 40000

(B) Clinical records shall be maintained in a manner

consistent with current standards of practice.

(C) If the clinical record supervisor is not a qualified medical record practitioner, consultation shall be provided through a written agreement with a qualified medical record practitioner.

(n) Disaster and emergency preparedness.

- (1) The facility shall have a detailed written emergency management plan to meet potential emergencies and disasters including, fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service and missing residents.
- (2) The plan shall be coordinated with area governmental agencies.
- (3) The plan shall include written agreements with agencies which will provide needed services, such as providing a fresh water supply, evacuation site and transportation of residents to an evacuation site.

(4) The facility shall ensure disaster and emergency

preparedness by:

(A) Orienting new employees at the time of employment to the facility's emergency management plan;

(B) periodically reviewing the plan with employees;

- (C) annually carrying out a tornado or disaster drill with staff and residents.
- (5) The emergency management plan shall be available to staff, residents and visitors.
- (o) Transfer agreement. The facility shall have in effect a written transfer agreement with one or more hospitals that reasonably assures that:
- (1) Residents will be transferred from the facility to the hospital, and timely admitted to the hospital when transfer is medically appropriate, as determined by the attending physician; and

- (2) medical and other information needed for care and treatment of residents will be exchanged between the institutions.
  - (p) Quality assessment and assurance.
- (1) The facility shall maintain a quality assessment and assurance committee consisting of:
  - (A) The director of nursing services;
- (B) a physician designated by the facility; and
- (C) at least three other members of the facility's
- (2) The quality assessment and assurance committee shall:
- (A) Meet at least quarterly to identify issues with respect to what quality assessment and assurance activities are necessary; and
- (B) develop and implement appropriate plans of action to correct identified quality deficiencies and prevent potential quality deficiencies. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993.)

Robert C. Harder Secretary of Health and Environment

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